Eligibility

TRICARE is a health program for:

- Uniformed Service members and their families,
- National Guard/Reserve members and their families,
- Survivors.
- Former spouses,
- · Medal of Honor recipients and their families, and
- Others registered in the Defense Enrollment Eligibility Reporting System (DEERS).

Types of Beneficiaries

- 1. Sponsors—active duty, retired and Guard/Reserve members.
- 2. Family members—spouses and children who are registered in DEERS

TRICARE Prime®

TRICARE Prime is a managed care option available in Prime Service Areas.

- Check the Plan Finder to see if you live in a Prime Service Area
- Enrollment is required; some beneficiaries pay annual enrollment fees.

Additional Prime options for active duty service members and their families include:

- TRICARE Prime Remote
- TRICARE Prime Overseas
- TRICARE Prime Remote Overseas

Who Can Participate?

- · Active duty service members and their families
- Retired service members and their families*
- Activated Guard/Reserve members and their families
- Non-activated Guard/Reserve members and their families who qualify for care under the Transitional Assistance Management Program
- Retired Guard/Reserve members at age 60 and their families*
- Survivors
- Medal of Honor recipients and their families
- Qualified former spouses

*When retired service members and their families become eligible for Medicare based on age, they aren't eligible to enroll in TRICARE Prime.

How it Works

You have an assigned primary care manager (PCM) who provides most of your care.

- Military or network provider
- Refers you to specialists for care he or she can't provide
- Works with your regional contractor for referrals/authorization
- Accepts your copayment and files claims for you

What You Pay

- Active duty service members pay nothing out-of-pocket.
- Active duty family members pay nothing unless using the point-of-service option.
- All other beneficiaries pay annual enrollment fees and network copayments.

Is TRICARE Prime Right for You?

- If you're on active duty, you have to enroll in TRICARE Prime.
- All others can choose to enroll in TRICARE Prime or TRICARE Select.
- TRICARE Prime offers fewer out-of-pocket costs than TRICARE Select, but less freedom of choice for providers.
- If you have other health insurance in addition to TRICARE, TRICARE Prime might not be right for you.

TRICARE Prime Remote

TRICARE Prime Remote is a managed care option available in remote areas in the United States. By law, you can only use TRICARE Prime Remote if both your (the sponsor's) home and work addresses are more than 50 miles (or one hour's drive time) from a military hospital or clinic.

- Check the Plan Finder to see if you may qualify.
- Enrollment is required—no enrollment fees

If you're in a remote overseas location, you may be able to enroll in TRICARE Prime Remote Overseas.

Who Can Participate?

The following beneficiaries who live and work in designated remote locations:

- Active duty service members, including National Guard/Reserve members who are activated for 31 or more days in a row.
- Family members who live with TRICARE Prime Remote-enrolled sponsors.
 - Note: If a Guard/Reserve sponsor is deployed, the family member(s) can stay enrolled as long as they don't move while their sponsor is deployed.
- Surviving family members of deceased active duty service members.
 - After three years (from the sponsor's death), TRICARE Prime Remote is no longer available to surviving spouses, but children may stay enrolled.

How It Works

- You'll get most care from your primary care manager (PCM)
 - You may have a network PCM, if available
 - o If not, select any TRICARE-authorized provider as your PCM.
- Your PCM:
 - Refers you to specialists for care he or she can't provide
 - Works with your regional contractor for referrals/authorization
 - Helps find a specialist in the network
 - Files claims for you

What You Pay

- No enrollment fees
- No out-of-pocket costs for any type of care as long as care is received from your PCM or with a referral.
- Care received without a referral is subject to point-of-service fees.

Is TRICARE Prime Remote Right for You?

TRICARE Prime Remote is only available to active duty service members (including activated Guard/Reserve members) and their families who live and work in designated remote locations.

- If you're on active duty, you have to enroll if you live and work in a remote area.
- Family members can choose to enroll in TRICARE Select.
- TRICARE Prime Remote offers fewer out-of-pocket costs than TRICARE Select, but less freedom of choice for providers.
- If you have other health insurance, TRICARE Prime Remote might not be right for you.

TRICARE Prime Overseas

TRICARE Prime Overseas is a managed care option in overseas areas near military hospitals and clinics.

- Enrollment required
- No enrollment fees

Who Can Participate?

- Active duty service members
- Command-sponsored active duty family members
- Activated National Guard/Reserve members
- Command-sponsored family members of activated National Guard/Reserve members

 Retirees and their families can't enroll in TRICARE Prime Overseas

How it Works

- You'll get most care from your assigned primary care manager (PCM) at a military hospital or clinic.
- Your PCM refers you to a specialist for care he or she can't provide and works with International SOS for authorization, when needed.

What You Pav

- No enrollment fees
- No copayments for any type of care as long as care is received from your PCM or with a referral.
- Care received without a referral is subject to point-of-service fees

Is TRICARE Prime Overseas Right for You?

TRICARE Prime Overseas is only available to active duty service members (including activated Guard/Reserve members) and command sponsored family members.

- If you're on active duty you have to enroll in TRICARE Prime Overseas where it's available.
- Family members must be command-sponsored to enroll.
- Family members who aren't command-sponsored or who choose not to enroll in TRICARE Prime Overseas may want to consider purchasing other health insurance.

TRICARE Prime Remote Overseas

TRICARE Prime Remote Overseas is a managed care option in designated remote overseas locations:

- Eurasia-Africa
- Latin America and Canada
- Pacific

TRICARE Prime Remote Overseas meets or exceeds the requirements for minimum essential coverage under the Affordable Care Act.

Who Can Participate?

The following beneficiaries may enroll in TRICARE Prime Remote Overseas:

- Active duty service members
- Command-sponsored active duty family members
- Activated National Guard/Reserve members
- Command-sponsored family members of activated National Guard/Reserve members Retirees and their families can't enroll in TRICARE Prime Remote Overseas.

How it Works

You get most care from an assigned primary care manager (PCM). Your PCM:

- Refers you to specialists for care he or she can't provide
- Works with International SOS for authorization when needed.

What You Pay

- No enrollment fees
- No copayments for any type of care as long as care is received from your PCM or with a referral
- Care received without a referral is subject to point-of-service fees

Overseas Point of Contact Program

When you enroll in TRICARE Prime Remote Overseas, you can call an overseas point of contact (POC) for help. They can help you:

- Enroll in a TRICARE plan overseas
- Schedule appointments at overseas network facilities
- File your medical and dental claims
- Answer questions about coverage options and benefits—including complex issues
- Navigate TRICARE's electronic self-service options

To locate your POC, contact your TRICARE Area Office.

Is TRICARE Prime Remote Overseas Right for You?

TRICARE Prime Remote Overseas is only available to active duty service members (including activated Guard/Reserve members) and command-sponsored family member who live in remote overseas areas.

- If you're on active duty service you have to enroll in TRICARE Prime Remote Overseas where it's available.
- Family members must be command-sponsored to enroll.
- Family members who aren't command-sponsored or who choose not to enroll in TRICARE Prime Remote Overseas may want to consider purchasing other health insurance.

TRICARE Select®

TRICARE Select is a fee-for-service plan available in the United States.

- You must show eligible for TRICARE in the Defense Enrollment Eligibility Reporting System.
- Enrollment is required, learn more on the Select Enrollment Page.

Who Can Participate?

- · Active duty family members
- Retired service members and their families
- Family members of activated Guard/Reserve members
- Non-activated Guard/Reserve members and their families who qualify for care under the Transitional Assistance Management Program
- Retired Guard/Reserve members at age 60 and their families
- Survivors
- Medal of Honor recipients and their families
- Qualified former spouses

How it Works

Schedule an appointment with any TRICARE-authorized provider. Referrals not required, but you may need prior authorization from your regional contractor for some services. You won't receive a TRICARE wallet card when using TRICARE Select. All you need is your military ID as proof of coverage.

What You Pay

Costs vary based on the sponsor's military status. You'll pay:

- An annual outpatient deductible
- Cost shares (or percentage) for covered services

Is TRICARE Select Right for You?

- If you're on active duty (including activated Guard/Reserve members), you can't use TRICARE Select.
- TRICARE Select may be the right choice for you if:
 - o You live in an area where you can't use TRICARE Prime
 - You have other health insurance such as an employer-sponsored health plan
 - You're seeing a provider who isn't in the TRICARE network and you don't want to switch.

TRICARE Select Overseas

TRICARE Select Overseas provides comprehensive coverage in all overseas areas.

- You must show as eligible for TRICARE in the Defense Enrollment Eligibility Reporting System
- Enrollment is required, learn more on the TRICARE Select Overseas Enrollment page.

Who Can Participate?

- Active duty family members
- Retired service members and their families
- Family members of activated Guard/Reserve members

- Non-activated Guard/Reserve members and their families who qualify for care under the Transitional Assistance Management Program
- Retired Guard/Reserve members at age 60 and their families*
- Survivors
- Medal of Honor recipients and their families
- Qualified former spouses

How it Works

- Schedule an appointment with any overseas provider.
- Referrals not required
- You may need prior authorization for some types of services.
- You won't receive a TRICARE wallet card, all you need is your military ID as proof of coverage.

What You Pay

Costs vary based on the sponsor's military status. You'll pay:

- An annual outpatient deductible
- Cost shares (or percentage) for covered services

You should expect to pay up front for care and file your own claims to get money back.

Is TRICARE Select Overseas Right for You?

TRICARE Select Overseas may be your only option when you live overseas. You can also purchase other health insurance.

Is your sponsor on active duty? You can enroll in TRICARE Prime Overseas or TRICARE Prime Remote Overseas.

TRICARE For Life

TRICARE For Life is Medicare-wraparound coverage for TRICARE-eligible beneficiaries who have Medicare Part A and B.

- Enrollment not required
 - Coverage is automatic if you have Medicare Part A and B
 - You must pay Medicare Part B premiums
- Available worldwide:
 - TRICARE pays after Medicare in the U.S. and U.S. Territories
 - o TRICARE is the first payer in all other overseas areas

Who Can Participate?

TRICARE-eligible beneficiaries who have both Medicare Part A and B can use TRICARE For Life.

How it Works

You may visit any authorized provider.

- Your provider files your claims with Medicare.
- Medicare pays its portion and sends the claim to the TRICARE For Life claims processor.
- TRICARE For Life then pays the provider directly for TRICARE-covered services.
- You won't receive a TRICARE wallet card, all you need is your Medicare card and military ID as proof of coverage.

You can get care at military hospitals and clinics, but only if space is available.

What You Pay

You don't pay any enrollment fees, but you must pay Medicare Part B monthly premiums. Your Part B premium is based on your income.

For more information about Part B premiums:

- Visit the Medicare website
- Call Social Security at 1-800-772-1213 (TTY: 1-800-325-0778)

If you're looking for what Medicare pays for services covered by Medicare and TRICARE, check out the TRICARE For Life Cost Matrix. You'll pay nothing out of pocket for services covered by both Medicare and TRICARE.

TRICARE For Life Contractors

The TRICARE For Life contractors assist with claims and provide customer service to all beneficiaries using TRICARE For Life.

- In the U.S. and U.S. Territories: Wisconsin Physicians Service (WPS)
- All other overseas areas: International SOS

Is TRICARE For Life Right for You?

TRICARE For Life is the plan for you if:

- You're eligible for TRICARE
- You have both Medicare Part A and B

Coverage is available worldwide and you can see any provider you want. However, you'll pay more if you get care from Veteran's Administration providers or providers who opt-out of Medicare, because they're not allowed to bill Medicare.

When retired service members and their families become eligible for TRICARE For Life, typically at 65, they are no longer able to enroll in TRICARE Prime.

TRICARE Reserve Select®

TRICARE Reserve Select is:

- A premium-based plan
- Available worldwide
- For qualified Selected Reserve members and their families

Who Can Participate?

Members of the Selected Reserve (and their families) who meet the following qualifications:

- Not on active duty orders
- Not covered under the Transitional Assistance Management Program
- Not eligible for or enrolled in the Federal Employees Health Benefits (FEHB) program Note: Survivor coverage is not affected by FEHB eligibility.

Note: Those members in the Individual Ready Reserve including Navy Reserve Voluntary Training Units do not qualify to purchase TRICARE Reserve Select.

How it Works

Schedule an appointment with any TRICARE-authorized provider.

• If you visit a non-network provider, you'll pay higher cost shares and may have to file your own health care claims.

• If you visit a network provider, you'll pay lower cost shares and the provider will file health care claims for you.

Or, request an appointment at a military hospital or clinic on a space available basis. Referrals are not required for any type of care, but you may need prior authorization from your regional contractor for some types of services.

What You Pay

- Monthly premiums
- Annual deductible
- Cost share (or percentage) for covered services

Is TRICARE Reserve Select Right for You?

You can decide to use TRICARE Reserve Select if you're:

- a member of the Selected Reserves,
- not on active duty orders or covered by the Transitional Assistance Management Program, and
- not eligible for or enrolled in the FEHB.

The plan provides comprehensive health care coverage when you're not activated and covered by active duty TRICARE benefits. And, because you can see any provider, you don't have to change providers if you already have one.

TRICARE Retired Reserve®

TRICARE Retired Reserve is:

- A premium-based plan
- Available worldwide
- For qualified Select Reserve members and their families

Who Can Participate?

- Retired Reserve members who are:
 - Members of the retired Reserve of a Reserve Component who are qualified for non-regular retirement under 10 U.S.C., Chapter 1223
 - Under age 60
 - Not eligible for, or enrolled in, the Federal Employees Health Benefits (FEHB) program
- Family members of qualified Retired Reserve members
- Survivors of retired Reserve members if:
 - o The sponsor was covered by TRICARE Retired Reserve when he or she died.
 - They are immediate family members of the deceased sponsor (spouses cannot have remarried).
 - TRICARE Retired Reserve coverage would begin before the date the deceased sponsor would have turned 60 years old.
 - Survivor coverage is not affected by FEHB eligibility.

How it Works

Schedule an appointment with any TRICARE-authorized provider.

• If you visit a non-network provider, you'll pay higher cost shares and may have to file your own health care claims.

• If you visit a network provider, you'll pay lower cost shares and the provider will file health care claims for you.

Or, request an appointment at a military hospital or clinic on a space available basis. Referrals are not required but you may need prior authorization from your regional contractor for some types of services.

What You Pay

- Monthly premiums
- Annual deductible
- Cost share (or percentage) for covered services

Is TRICARE Retired Reserve Right for You?

TRICARE Retired Reserve may be the right option for you and your family if you qualify. The plan provides comprehensive health care coverage upon your retirement and you do not have to wait until you reach age 60 and begin drawing retired pay to purchase the plan. Plus, because you can see any provider, you don't have to change providers if you already have one.

TRICARE Young Adult

TRICARE Young Adult is a plan that qualified adult children can purchase after eligibility for "regular" TRICARE coverage ends at age 21 (or 23 if enrolled in college, learn more).

Who Can Participate?

You may qualify to purchase TRICARE Young Adult if you're:

- An unmarried, adult child of an eligible sponsor
- At least age 21 but not yet 26 years old.
 - If enrolled in a full course of study at an approved institution of higher learning and your sponsor provides more than 50 percent of your financial support, your eligibility may not begin until age 23 or upon graduation, whichever comes first.
- Not eligible to enroll in an employer-sponsored health plan based on your own employment
- Not otherwise eligible for TRICARE coverage

How it Works

How you get care depends on which option you select:

- Prime Option
- Select Option

What You Pay

TRICARE Young Adult costs are based on three things:

- The option you select when you enroll: Prime or Select
- Your sponsor's military status
- Where the care is received

To participate, you're required to pay monthly premiums, and then your plan option and sponsor's military status determine what you pay for covered services.

Is TRICARE Young Adult Right for You?

TRICARE Young Adult is an option for unmarried, adult children who have "aged out" of regular TRICARE coverage. The plan provides comprehensive medical and pharmacy benefits. You

should review all of your health plan options (military or commercial) before deciding if TRICARE Young Adult is the right plan for you.

Note: You aren't eligible for TRICARE Young Adult if you're eligible for employer-sponsored health plan.

US Family Health Plan

The US Family Health Plan is an additional TRICARE Prime option available through networks of community-based, not-for-profit health care systems in six areas of the United States.

Who Can Participate?

The US Family Health Plan is available to the following beneficiaries who live in a designated US Family Health Plan area:

- Active duty family members
- Retired service members and their families*
- Family members of Activated National Guard/Reserve members
- Non-activated National Guard/Reserve members and their families who qualify for care under the Transitional Assistance Management Program
- Retired National Guard/Reserve members at age 60 and their families*
- Survivors
- Medal of Honor recipients and their families
- Qualified former spouses

*Before October 1, 2012, the US Family Health Plan was also available to all Medicare-eligible beneficiaries age 65 and older. On October 1, 2012, this rule changed for all NEW US Family Health Plan enrollees, but existing enrollees are not affected.

How it Works

You'll get all care (including prescription drug coverage) from a primary care provider that you select from the network of private physicians affiliated with one of the not-for-profit health care systems listed above. Your primary care provider assists you in getting appointments with specialists in the area and coordinates your care. You won't get care at military hospitals and clinics or from TRICARE network providers when enrolled in the US Family Health Plan.

What You Pay

Active duty family members pay no enrollment fees and no out-of-pocket costs for any type of care as long as care is received from the US Family Health Plan provider. All others pay annual enrollment fees and network copayments.

Is the US Family Health Plan Right for You?

If you live in one of the six designated areas, you may want to consider the US Family Health Plan. It's a robust Prime option that even offers enhanced coverage at each location. Visit www.usfhp.com for more information.