



Prime Point-of-Service

The Point of Service option lets TRICARE Prime patients seek TRICARE-covered, non-emergency health care services from any TRICARE-authorized provider without a referral or authorization

Point of Service Costs

- Using the point of service option can be very expensive. The patient is financially responsible for:
 - An annual (fiscal year) outpatient deductible of \$300 per individual; \$600 per family
 - A large cost share of TRICARE allowable charges:
 - Outpatient—50%, after the deductible is met
 - Inpatient—50%
 - Additional charges may apply when using non-network providers:
 - Up to 15% above the TRICARE allowable charge is permitted by law
- Point of service charges *do not* apply towards the annual catastrophic cap, so there is no upper limit as to how much the patient may be responsible for

Point of Service Exclusions

- The point of service option *does not* apply to the following:
 - Active duty service members
 - Newborns or adopted children for the first 60 days
 - Emergency care
 - Covered preventive care services from a network provider
 - The first 8 behavioral health outpatient visits from a network provider
 - When the patient has other health insurance
 - TRICARE Standard or Extra patients

To avoid point of service charges, make sure to have a referral from your primary care manager and authorization from the regional TRICARE contractor before receiving care

NMCP Health Benefits

Building 3, 3rd Floor; Mon-Fri, 7 a.m.—3:30 p.m.
(757) 953-2610/2611

NMCP TRICARE Service Center

Health Net Federal Services
Building 249 (next to parking garage)
Mon—Fri, 7:30 a.m.—4:30 p.m.
1-(877) 874-2273



Appointments & Specialty Referral Status

Hampton Roads Appointment Center
Mon—Fri, 6 a.m.—8 p.m.
S, S & Holidays, 7 a.m.—3:30 p.m.
1-(866) 645-4584

To Schedule a Presentation

TRICARE Operations—Marketing
(757) 953-6153/6048