



TRICARE® Standard and TRICARE Extra

A fee-for-service option that allows beneficiaries to see any TRICARE-authorized provider

USING TRICARE STANDARD AND TRICARE EXTRA IN THE UNITED STATES

TRICARE Standard and TRICARE Extra allow you to manage your own health care and give you the freedom to seek care from any TRICARE-authorized provider you choose. TRICARE Standard and TRICARE Extra are available to non-active duty beneficiaries who are not able to, or choose not to, enroll in a TRICARE Prime option. There are no enrollment forms or fees, but you will have an annual deductible for outpatient services and cost-shares for most services. A deductible is the total amount you pay each year before TRICARE pays anything. A cost-share is the percentage or portion of costs that you pay for inpatient or outpatient care. Visit www.tricare.mil/coveredservices for coverage details.

The key difference between TRICARE Standard and TRICARE Extra is in your choice of providers. With TRICARE Standard, you choose TRICARE-authorized providers outside of the TRICARE network and pay higher cost-shares. With TRICARE Extra, you choose hospitals and providers within the TRICARE network, where available, and receive discounted cost-shares. For cost details, visit www.tricare.mil/costs.

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

TRICARE-AUTHORIZED PROVIDER TYPES

Understanding the different types of TRICARE-authorized providers will help you decide which option to choose—TRICARE Standard or TRICARE Extra. TRICARE-authorized providers meet TRICARE licensing and

certification requirements to provide care to TRICARE beneficiaries. Before seeking care, be sure to call your provider's office to see if they are TRICARE-authorized.

- You may be eligible to see a TRICARE provider (*military or civilian*) at a military treatment facility (MTF) on a space-available basis.
- TRICARE network providers are TRICARE-authorized civilian providers who have a contract with your regional contractor to provide services to you. TRICARE network providers agree to accept a negotiated rate as the total charge for their services and to file claims for you. Your costs are lower when you see a network provider.
- **Non-network providers** are TRICARE-authorized civilian providers who have not established a contract with your regional contractor. Non-network providers may determine whether they are “participating” with TRICARE or “nonparticipating” on a claim-by-claim basis. Before getting care, ask whether your provider participates in TRICARE.
 - **Participating providers** agree to accept the TRICARE-allowable charge as payment in full. You are responsible for any copayments, cost-shares, or deductibles.
 - **Nonparticipating providers** do not agree to accept the TRICARE-allowable charge as payment in full. They may charge up to 15 percent above the TRICARE-allowable charge. You are responsible for that amount, in addition to any copayments, cost-shares, or deductibles.

GETTING CARE WITH TRICARE STANDARD: USE ANY TRICARE-AUTHORIZED PROVIDER

TRICARE Standard offers you the flexibility of seeing any TRICARE-authorized provider. If you need help choosing a provider, contact your regional contractor. Just remember that using a non-network provider means your costs will be higher.

This fact sheet is **not** all-inclusive. For additional information, please visit www.tricare.mil.

GETTING CARE WITH TRICARE EXTRA: USE A TRICARE NETWORK PROVIDER

When you choose a doctor, hospital, or other health care provider within the TRICARE network, you are using the TRICARE Extra option, which means lower out-of-pocket costs and less paperwork for you. To find a TRICARE network provider, visit www.tricare.mil/findaprovider, contact your regional contractor, or visit your local TRICARE Service Center (TSC).

INVITE YOUR PROVIDER TO BECOME TRICARE-AUTHORIZED

If your provider is not yet TRICARE-authorized but is interested in treating TRICARE beneficiaries, let him or her know that it is not necessary to become a network provider by signing a contract with your regional contractor. Most providers with a valid professional license (*issued by a state or a qualified accreditation organization*) can become TRICARE-authorized, and then TRICARE will pay them for covered services.

To invite your provider to become TRICARE-authorized, visit www.tricare.mil/findaprovider and click “Invite a Provider to Join TRICARE” to download a flyer to give to your doctor. The flyer explains the benefits of being TRICARE-authorized and includes information about the authorization process.

GETTING CARE OVERSEAS

TRICARE Overseas Program (TOP) Standard is available in overseas locations and works the same as the stateside TRICARE Standard program, except that you receive care from host nation providers or MTFs (*on a space-available basis*). TRICARE Extra is **not** available overseas. If you live or travel overseas and see a host nation provider, you may have to pay for services up front then file a claim with the TOP contractor for reimbursement. To locate an overseas provider, you can contact the TOP Regional Call Center where you are located or visit www.tricare-overseas.com.

Note: Certain restrictions apply in the Philippines, where TRICARE beneficiaries are required to see approved providers. For more information on approved providers, contact your TOP Regional Call Center or visit www.tricare.mil/tma/pacific.

TRICARE nonparticipating non-network providers may charge up to 115 percent of the TRICARE-allowable amount in the United States and U.S. territories (*American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands*). However, there is **no limit** to the amount that nonparticipating non-network providers may bill in overseas locations, and you are responsible for paying any amount that exceeds the TRICARE-allowable charge.

REFERRALS AND PRIOR AUTHORIZATIONS

Although you do not need referrals to receive care under TRICARE Standard or TRICARE Extra, some services may require prior authorization. For details about prior authorization

requirements, contact your regional contractor. See the *For Information and Assistance* section for contact information.

FILING CLAIMS

When you use TRICARE Extra, the TRICARE network provider files your claims for you. If you receive care from a non-network provider, you are using TRICARE Standard, and you may be required to file your own claims. You must also file claims for overseas care. For care received in the United States, submit claims to the regional contractor for the area where you live. For care received overseas, submit claims to the TOP contractor. You are responsible for making sure your claims are received. For more information, call your regional contractor or visit www.tricare.mil/claims.

COORDINATING CLAIMS WITH OTHER HEALTH INSURANCE

If you have other health insurance (OHI), you must follow all rules of that plan. Your OHI is considered your primary insurance and pays before TRICARE. You or your provider must file health care claims with your OHI before filing with TRICARE. After your OHI determines the amount it will pay, submit a copy of the payment determination and the itemized bill with your TRICARE claim. Remember to provide your current OHI information to your TRICARE regional contractor. **Note:** National health insurance programs overseas are considered OHI. If you are enrolled in such programs, seek guidance from your TOP Regional Call Center before getting care from a host nation provider. For more OHI information, visit www.tricare.mil/ohi.

TRICARE STANDARD AND TRICARE EXTRA COSTS

This section highlights your costs when using TRICARE Standard and TRICARE Extra. Remember, TRICARE Standard and TRICARE Extra can be used interchangeably, and the option you use determines your out-of-pocket expense. If you have additional questions, contact your regional contractor (*see the For Information and Assistance section*).

Prohibition of Waiving Cost-Shares and Deductibles

When using TRICARE Standard and TRICARE Extra you are responsible, under law, to pay an annual deductible and cost-shares associated with your care. The law prohibits health care providers from waiving the deductible or cost-shares and requires providers to make reasonable efforts to collect these amounts. Providers who offer to waive deductibles and cost-shares, or who advertise that they will do so, can be suspended or excluded as TRICARE-authorized providers.

Balance Billing and Violation of Participation Agreements

Nonparticipating providers may charge up to 15 percent above the TRICARE-allowable charge. This amount is your responsibility and will not be reimbursed by TRICARE. Participating providers are prohibited from balance billing—you billing you for any amount in excess of the TRICARE-

allowable charge, less any applicable cost-share you pay. Once a participating provider marks “yes” on the claim form for that service, he or she cannot later revoke or cancel that decision. Participating providers who attempt to fraudulently collect higher payments are in violation of the participation agreement. **Note:** Non-network providers may choose to participate on a claim-by-claim basis.

Annual Outpatient Deductible

When using TRICARE Standard and TRICARE Extra, you are required to meet an annual deductible each fiscal year for outpatient services before cost-sharing begins. The annual deductible varies based on your beneficiary category and type of coverage (*individual or family*). **Note:** ADSMs may not use TRICARE Standard or TRICARE Extra.

Beneficiary Category	Outpatient Deductible	
ADFM (sponsor rank E-4 and below)	\$50/Individual	\$100/Family
ADFM (sponsor rank E-5 and above)	\$150/Individual	\$300/Family
Retired Service Members, Their Families, and All Others	\$150/Individual	\$300/Family
Family Members of National Guard and Reserve Activated for More than 30 Consecutive Days in Support of a Contingency Operation	\$0	

Health Care Costs

The costs listed are for care received in civilian facilities. These costs are effective for fiscal year 2012 (*October 1, 2011–September 30, 2012*) and are subject to change each year on October 1.

Type of Care	TRICARE Standard ¹	TRICARE Extra ¹
Outpatient Visits	<p>ADFM: 20% after the annual deductible is met</p> <p>Retirees, Their Families, and All Others: 25% after the annual deductible is met</p>	<p>ADFM: 15% after the annual deductible is met</p> <p>Retirees, Their Families, and All Others: 20% after the annual deductible is met</p>
Clinical Preventive Services ²	<p>ADFM: 20% after the annual deductible is met</p> <p>Retirees, Their Families, and All Others: 25% after the annual deductible is met</p>	<p>ADFM: 15% after the annual deductible is met</p> <p>Retirees, Their Families, and All Others: 20% after the annual deductible is met</p>
Durable Medical Equipment, Prosthetics, Orthotics, and Supplies	<p>ADFM: 20% after the annual deductible is met</p> <p>Retirees, Their Families, and All Others: 25% after the annual deductible is met</p>	<p>ADFM: 15% after the annual deductible is met</p> <p>Retirees, Their Families, and All Others: 20% after the annual deductible is met</p>

1. The cost for inpatient care provided at an MTF is \$17.05 per day for ADFMs and retiree family members.

2. No cost-shares are required for routine immunizations, well-child visits, and certain preventive screening exams.

Health Care Costs (continued)

Type of Care	TRICARE Standard ¹	TRICARE Extra ¹
Hospitalization	<p>ADFMs: \$17.05 per day (\$25 minimum charge)²</p> <p>Retirees, Their Families, and All Others: \$708 per day or 25% of billed charges for institutional services, whichever is less, plus 25% cost-share for separately billed services</p>	<p>ADFMs: \$17.05 per day (\$25 minimum charge)²</p> <p>Retirees, Their Families, and All Others: \$250 per day or 25% of billed charges for institutional services, whichever is less, plus 20% cost-share for separately billed services</p>
Emergency Services	<p>ADFMs: 20% after the annual deductible is met</p> <p>Retirees, Their Families, and All Others: 25% after the annual deductible is met</p>	<p>ADFMs: 15% after the annual deductible is met</p> <p>Retirees, Their Families, and All Others: 20% after the annual deductible is met</p>
Ambulatory Surgery	<p>ADFMs: \$25</p> <p>Retirees, Their Families, and All Others: 25% after the annual deductible is met</p>	<p>ADFMs: \$25</p> <p>Retirees, Their Families, and All Others: 20% after the annual deductible is met</p>
Outpatient Behavioral Health	<p>ADFMs: 20% after the annual deductible is met</p> <p>Retirees, Their Families, and All Others: 25% after the annual deductible is met</p>	<p>ADFMs: 15% after the annual deductible is met</p> <p>Retirees, Their Families, and All Others: 20% after the annual deductible is met</p>
Inpatient Behavioral Health	<p>ADFMs: \$20 per day (\$25 minimum charge)²</p> <p>Retirees, Their Families, and All Others:</p> <ul style="list-style-type: none"> • High-Volume Hospital: 25% of the hospital-specific per diem • Low-Volume Hospital: \$208 per day or 25% of the billed charges, whichever is less 	<p>ADFMs: \$20 per day (\$25 minimum charge)²</p> <p>Retirees, Their Families, and All Others: 20% of the total charge, plus 20% cost-share for separately billed services</p>
Inpatient Skilled Nursing	<p>ADFMs: \$17.05 per day (\$25 minimum charge)²</p> <p>Retirees, Their Families, and All Others: 25% of allowed charges for institutional services, plus 25% cost-share for separately billed services</p>	<p>ADFMs: \$17.05 per day (\$25 minimum charge)²</p> <p>Retirees, Their Families, and All Others: \$250 per day or 20% of billed charges for institutional services, whichever is less, plus 20% cost-share for separately billed services</p>

1. The cost for inpatient care provided at an MTF is \$17.05 per day for ADFMs and retiree family members.

2. Example: If your hospital stay lasts one day, your charge for the stay will be \$25. If your hospital stay lasts more than one day, your charge will be \$17.05 (or \$20 for inpatient behavioral health) multiplied by the number of days of your stay.

Catastrophic Cap




The catastrophic cap is the maximum out-of-pocket amount you will pay each fiscal year for TRICARE-covered services. You are not responsible for any amounts above the catastrophic cap in a given fiscal year, except for services that are not covered, and the additional 15 percent that nonparticipating providers may charge above the TRICARE-allowable charge. The catastrophic cap amount is based on your beneficiary category and is not affected by the program option you are using.

ADFMs	Retirees, Their Families, and All Others
\$1,000 per family, per fiscal year	\$3,000 per family, per fiscal year

Get E-mail Updates

You can sign up to receive TRICARE news and benefit updates via e-mail. Visit www.tricare.mil/subscriptions and enter your e-mail address.

FOR INFORMATION AND ASSISTANCE

 TRICARE North Region Health Net Federal Services, LLC 1-877-TRICARE (1-877-874-2273) www.hnfs.com	 TRICARE South Region Humana Military Healthcare Services, Inc. 1-800-444-5445 www.humana-military.com	 TRICARE West Region TriWest Healthcare Alliance 1-888-TRIWEST (1-888-874-9378) www.triwest.com
TRICARE Overseas Program (TOP) Regional Call Center—Eurasia-Africa¹ +44-20-8762-8384 (<i>overseas</i>) 1-877-678-1207 (<i>stateside</i>) tricarelon@internationalsos.com	TOP Regional Call Center—Latin America and Canada¹ +1-215-942-8393 (<i>overseas</i>) 1-877-451-8659 (<i>stateside</i>) tricarephl@internationalsos.com	TOP Regional Call Centers—Pacific¹ Singapore: +65-6339-2676 (<i>overseas</i>) 1-877-678-1208 (<i>stateside</i>) sin.tricare@internationalsos.com Sydney: +61-2-9273-2710 (<i>overseas</i>) 1-877-678-1209 (<i>stateside</i>) sydricare@internationalsos.com

1. For toll-free contact information, visit www.tricare-overseas.com.

An Important Note about TRICARE Program Information

At the time of printing, 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 treatment facility guidelines and policies may be different than those outlined in this product.** For the most recent information, contact your TRICARE regional contractor, TRICARE Service Center, or local military treatment facility.

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