



TRICARE® Plans Comparison Chart

Use this side-by-side comparison to get a better understanding of the plans offered to your TRICARE patients. This chart is not all-inclusive. Please visit www.tricare-west.com for additional plan and benefit information.

| | TRICARE Prime | TRICARE Prime Remote | TRICARE Select | TRICARE For Life |
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| What is it? | A managed care option offering the most affordable and comprehensive coverage. | A managed care option offering the most affordable and comprehensive coverage to active duty families in remote U.S. locations. | A preferred provider network available to all non-active duty beneficiaries. Most freedom of choice. | TRICARE For Life offers secondary coverage to TRICARE beneficiaries who have both Medicare Part A & B. |
| What are the main features? | <ul style="list-style-type: none"> • Enrollment required • Enhanced vision coverage and preventive services • Most care is received from the primary care manager (PCM) • Time and distance access standards • Fewer out-of-pocket costs • Provider files claims (in most cases) | <ul style="list-style-type: none"> • Enrollment required • Enhanced vision coverage and preventive services • May or may not have an assigned PCM • Time and distance access standards • Fewer out-of-pocket costs • Provider files claims (in most cases) | <ul style="list-style-type: none"> • Enrollment required • Beneficiaries can get care from any TRICARE-authorized provider, network or non-network (out-of-pocket costs vary) • Referrals not required, but some care may require prior authorization • Beneficiary may have to pay for services up front and file their own claims for reimbursement | <ul style="list-style-type: none"> • Medicare Part A & B required • Get care from any TRICARE-authorized provider • Minimal out-of-pocket costs (aside from Medicare Part B premium) • Provider files claims (in most cases) |
| How do patients receive care? | <ul style="list-style-type: none"> • Receives most care from their assigned PCM (military or network provider) • PCM refers patient to specialist for care they can't provide | <ul style="list-style-type: none"> • Receives most care from their PCM (network provider, if available) • May have non-network PCM if a network provider isn't available • PCM refers patient to specialist for care they can't provide | <ul style="list-style-type: none"> • Receives care from any TRICARE-authorized provider, network or non-network • Referrals are not required • Some services may require prior authorization | Receive care by making an appointment with any authorized provider |
| Who is responsible for filing claims? | Provider files claims in most cases. | Provider files claims in most cases. | <ul style="list-style-type: none"> • Network providers will file claims. • If care is received from a non-network provider, the beneficiary may have to file their own claims. | In most cases, the provider will file the claims with Medicare. Medicare will pay its portion and automatically forward the claim electronically to TRICARE for processing. |
| What is the annual deductible? | <ul style="list-style-type: none"> • No annual deductible, except if using the Point of Service option. <p><i>Note: Active duty service members can't use the Point-of-Service option.</i></p> | <ul style="list-style-type: none"> • No annual deductible, except if using the Point of Service option. <p><i>Note: Active duty service members can't use the Point-of-Service option..</i></p> | <p>The annual deductible varies by plan type, beneficiary status and, where applicable, rank. Visit www.tricare-west.com > <i>Provider</i> > <i>Benefits & Copays</i> for current deductible amounts. The Defense Health Agency updates beneficiary out-of-pocket costs on an annual (calendar year) basis.</p> <p><i>Note: The annual deductible is waived for Guard/Reserve family members whose sponsor was activated in support of a contingency operation.</i></p> | For services covered by Medicare and TRICARE, there is no annual deductible. |
| Cost for an outpatient visit? *Group A: Sponsor's enlistment or appointment date occurred prior to Jan. 1, 2018 *Group B: Sponsor's enlistment or appointment date occurred on or after Jan. 1, 2018 | Visit www.tricare-west.com > <i>Provider</i> > <i>Benefits & Copays</i> for primary and specialty care copayment and cost-share amounts. The Defense Health Agency updates beneficiary out-of-pocket costs on an annual (calendar year) basis. | Visit www.tricare-west.com > <i>Provider</i> > <i>Benefits & Copays</i> for primary and specialty care copayment and cost-share amounts. The Defense Health Agency updates beneficiary out-of-pocket costs on an annual (calendar year) basis. | Visit www.tricare-west.com > <i>Provider</i> > <i>Benefits & Copays</i> for primary and specialty care copayment and cost-share amounts. The Defense Health Agency updates beneficiary out-of-pocket costs on an annual (calendar year) basis. | Nothing for services covered by Medicare and TRICARE |

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| What is the maximum out-of-pocket (also known as the catastrophic cap)? | The catastrophic cap varies depending on the sponsor's military status. Visit www.tricare-west.com > Provider > Benefits & Copays for current catastrophic cap amounts. The Defense Health Agency updates beneficiary out-of-pocket costs on an annual (calendar year) basis. | The catastrophic cap varies depending on the sponsor's military status. Visit www.tricare-west.com > Provider > Benefits & Copays for current catastrophic cap amounts. The Defense Health Agency updates beneficiary out-of-pocket costs on an annual (calendar year) basis. | The catastrophic cap varies depending on the sponsor's military status. Visit www.tricare-west.com > Provider > Benefits & Copays for current catastrophic cap amounts. The Defense Health Agency updates beneficiary out-of-pocket costs on an annual (calendar year) basis. | The catastrophic cap varies depending on the sponsor's military status: Active Duty Family Members: \$1,000 per family, per fiscal year National Guard and Reserve Families: \$1,000 per family, per fiscal year Retirees and Their Family Members (and all others): \$3,000 per family, per fiscal year |
| Where is the program available? | In the United States in Prime Service Areas. | In designated remote U.S. locations, usually more than 50 miles or one hour's drive time, from a military hospital or clinic. | United States | Worldwide. In areas where Medicare does not provide coverage, TRICARE is the primary payer. |
| | TRICARE Young Adult – Prime | TRICARE Young Adult – Select | TRICARE Reserve Select | TRICARE Retired Reserve |
| What is it? | A premium-based, worldwide health plan that qualified adult children of eligible sponsors may purchase. | A premium-based, worldwide health plan that qualified adult children of eligible sponsors may purchase. | A premium-based health plan that qualified National Guard and Reserve members may purchase. | A premium-based health plan that qualified retired Reserve members and survivors may purchase. |
| What are the main features? | <ul style="list-style-type: none"> • Must qualify for and purchase TRICARE Young Adult to participate • Enhanced vision coverage and preventive services • Most care received from an assigned PCM • Time and distance access standards • Fewer out-of-pocket costs • No claims to file (in most cases) | <ul style="list-style-type: none"> • Must qualify for and purchase the plan to participate • Get care from any TRICARE-authorized provider, network or non-network • Referrals not required, but some care may require prior authorization • Patients may have to pay for services up front and file their own claims for reimbursement | <ul style="list-style-type: none"> • Must qualify and purchase the plan to participate • Receive care from any TRICARE-authorized provider, network or non-network • Costs vary depending on type of provider seen; fewer out-of-pocket costs from TRICARE network providers • Patients may have to pay for services up front and file their own claims for reimbursement | <ul style="list-style-type: none"> • Must qualify and purchase the plan to participate • Receive care from any TRICARE-authorized provider, network or non-network • Costs vary depending on type of provider seen; fewer out-of-pocket costs from TRICARE network providers • Patients may have to pay for services up front and file their own claims for reimbursement |
| How do patients receive care? | <ul style="list-style-type: none"> • Beneficiaries get most care from their assigned PCM (military or network provider) • PCM refers beneficiaries to specialists for care they can't provide | <ul style="list-style-type: none"> • Get care from any TRICARE-authorized provider, network or non-network • Referrals not required • Some services may require prior authorization | <ul style="list-style-type: none"> • Beneficiary may get care from any TRICARE-authorized provider, network or non-network, without a referral. • Some services require prior authorization. | <ul style="list-style-type: none"> • Beneficiary may get care from any TRICARE-authorized provider, network or non-network, without a referral. • Some services require prior authorization. |
| Who is responsible for filing claims? | Provider will file claims (in most cases). | Network providers will file claims. If care is provided by a non-network provider, beneficiary may have to file his/her own claims. | If care is provided by a network provider, the provider will submit claims on the beneficiary's behalf. If care is provided by a non-network provider, the beneficiary may be required to submit his/her own health care claims. | If care is provided by a network provider, the provider will submit claims on the beneficiary's behalf. If care is provided by a non-network provider, the beneficiary may be required to submit his/her own health care claims. |
| What is the annual deductible? | No annual deductible, except if using the Point of Service option . | The annual deductible varies by plan type, beneficiary status and, where applicable, rank. Visit www.tricare-west.com > Provider > Benefits & Copays for current deductible amounts. The Defense Health Agency updates beneficiary out-of-pocket costs on an annual (calendar year) basis. <i>*Family members whose sponsor is retired are subject to separate network and non-network deductibles. Reaching the deductible level of one does not remove the need to pay for the other.</i> | The annual deductible varies by rank. Visit www.tricare-west.com > Provider > Benefits & Copays for current deductible amounts. The Defense Health Agency updates beneficiary out-of-pocket costs on an annual (calendar year) basis. | Visit www.tricare-west.com > Provider > Benefits & Copays for current deductible amounts. The Defense Health Agency updates beneficiary out-of-pocket costs on an annual (calendar year) basis. |
| Cost for an outpatient visit? | Visit www.tricare-west.com > Provider > Benefits & Copays for primary and specialty care copayment and cost-share amounts. The Defense Health Agency updates beneficiary out-of-pocket costs on an annual (calendar year) basis. | Visit www.tricare-west.com > Provider > Benefits & Copays for primary and specialty care copayment and cost-share amounts. The Defense Health Agency updates beneficiary out-of-pocket costs on an annual (calendar year) basis. | Visit www.tricare-west.com > Provider > Benefits & Copays for primary and specialty care copayment and cost-share amounts. The Defense Health Agency updates beneficiary out-of-pocket costs on an annual (calendar year) basis. | Visit www.tricare-west.com > Provider > Benefits & Copays for primary and specialty care copayment and cost-share amounts. The Defense Health Agency updates beneficiary out-of-pocket costs on an annual (calendar year) basis. |
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| Where is the program available? | Prime Service Areas in the United States | Worldwide | Worldwide | Worldwide |