



# TRICARE<sup>®</sup> 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 50 United States. 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 receive 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 Prime Service Area (PSA); or (3) a primary care physician 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 military hospital or clinic or civilian PCM.

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 identification cards. Visit [www.tricare.mil/deers](http://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 (ADFM) 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 have not remarried
- Retirees, retiree family members, and survivors

- National Guard and Reserve members who are called or ordered to active service for more than 30 consecutive 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](http://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 do not live in PSAs may enroll in a TRICARE Prime Remote option. For more information, visit [www.tricare.mil/tpr](http://www.tricare.mil/tpr).

## ENROLLING IN TRICARE PRIME<sup>®</sup>

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 calling your regional contractor, using the Beneficiary Web Enrollment (BWE) Web site at [www.dmdc.osd.mil/appj/bwe](http://www.dmdc.osd.mil/appj/bwe), 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 *For Information and Assistance* 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 (e.g., an application received by December 20 becomes effective January 1). If the application is received after the 20th of the month, coverage becomes effective on the first day of the second month following the receipt of the enrollment form (e.g., an application received December 27 becomes effective February 1). Visit [www.tricare.mil/forms](http://www.tricare.mil/forms) to download *DD Form 2876*.

*This fact sheet is **not** all-inclusive. For additional information, please visit [www.tricare.mil](http://www.tricare.mil).*

## 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 Web site for information about how to change your PCM, how to enroll family members, covered services, referral and prior authorization requirements, and other helpful information. See the *For Information and Assistance* section of this fact sheet for regional contractor contact information.

## GETTING CARE WITH TRICARE PRIME

### Emergency Care

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.

If you have an emergency, call 911 or go to the nearest emergency room. You do not need to call your PCM or regional contractor before receiving 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 receive 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 receive 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 do not qualify to purchase coverage.

## MOVING MADE EASY WITH TRICARE PRIME

If you are a stateside TRICARE Prime beneficiary 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, who will follow up with you to complete the enrollment transfer after you arrive at your new location.

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 TRICARE Overseas Program (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 WHEN TRAVELING OVERSEAS

With TRICARE Prime, you may receive care while traveling overseas from either a military hospital or clinic or a host nation provider. 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 *For Information and Assistance* 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 located or visit [www.tricare-overseas.com](http://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 before making a payment. ADSMs must receive 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 host nation provider, be prepared to pay up front for services and then file a claim with the TOP claims processor. To process your claims reimbursements quickly and efficiently, you must submit proof of payment with all overseas claims. For more information, visit [www.tricare.mil/claims](http://www.tricare.mil/claims).

**Note:** In the Philippines, you must use TRICARE-certified providers. To find a certified provider, visit [www.tricare-overseas.com/philippines.htm](http://www.tricare-overseas.com/philippines.htm).

\* Includes National Guard and Reserve members called or ordered to active service for more than 30 consecutive 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

## Definitions and Examples of Types of Care

Type of Care	Definition	Examples	Primary Care Manager Role
<b>Emergency</b>	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 do not need to call your primary care manager (PCM) before receiving emergency medical care. Your PCM must be notified within 24 hours or on the next business day following admission.
<b>Urgent</b>	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.	Minor cuts, migraine headache, urinary tract infection, sprain, earache, rising fever	Call your PCM first for appropriate guidance. Urgent care services require a referral if you do not see your PCM for care.
<b>Routine</b>	Routine ( <i>primary</i> ) 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 receive most of your routine care from your PCM.
<b>Specialty Care</b>	Specialty care consists of medical services provided by a physician 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 cannot provide and will coordinate the referral with your regional contractor when necessary.

## REFERRALS AND PRIOR AUTHORIZATIONS

### Referrals

Under TRICARE Prime, your PCM will provide referrals for you to receive services from specialty care providers and will coordinate the referral request with your regional contractor when necessary. Some services do not require referrals, including clinical preventive services received from a network provider in your enrolled TRICARE region and the first eight outpatient mental health care visits per fiscal year (FY) (October 1–September 30) 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](http://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 the requested health care service to determine if it is medically necessary at the requested level of care. Some providers may contact the regional contractor to obtain prior authorization for you. If you have questions about prior authorization requirements, visit [www.tricare.mil/authorization](http://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 all other TRICARE Prime beneficiaries, the following services require prior authorization:

- Adjunctive dental services (*i.e., dental care that is medically necessary in the treatment of an otherwise covered medical—not dental—condition*)
- Extended Care Health Option services (*ADFM*s only)
- Home health care services
- Home infusion therapy
- Hospice care
- Nonemergency inpatient admissions for substance use disorders or mental health care
- Outpatient mental health care beginning with the ninth visit per FY; certain types of mental health care services are excluded and always require a referral or prior authorization

- Other mental health care services, such as partial hospitalization, child and adolescent psychiatric residential treatment center care, and outpatient psychoanalysis
- Transplants—all solid organ and stem cell
- Some prescription medications (*e.g., 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 Web site or call the toll-free number to learn about your region’s requirements, as they may change periodically. See the *For Information and Assistance* section of this fact sheet for contact information.

## FILING CLAIMS

In most cases, you do not 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 for reimbursement. You will be reimbursed for TRICARE-covered services at the TRICARE-allowable charge, less any copayments, cost-shares, or deductibles. For example, non-network nonparticipating providers may require that you pay up front for some services.

In the United States 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. Overseas, 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 Web site at [www.tricare.mil/forms](http://www.tricare.mil/forms) or from your regional contractor’s Web site.

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 receive care while traveling in the United States, you must file your TRICARE claims in the region where you live, not the region where you received care. If you receive care while traveling overseas (*including U.S. territories*),

you must file your TRICARE claims with the TOP claims processor. For overseas claims information and mailing addresses, visit [www.tricare-overseas.com/contactus](http://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](http://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 for reimbursement. It is important to meet your OHI’s requirements. If your OHI denies a claim for failure to follow its rules, such as obtaining 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 host nation 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 annual 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 2016 annual enrollment fees are as follows:

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

For more information, visit [www.tricare.mil/costs](http://www.tricare.mil/costs).

### Network Copayments

ADSMs do not pay any out-of-pocket costs for care. ADFMs generally do not 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 annual 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](http://www.tricare.mil/costs).

## Point-of-Service Option

The POS option gives you the freedom, at an additional cost, to receive nonemergency health care services from any TRICARE-authorized provider without requesting a referral from your PCM. For cost details, visit [www.tricare.mil/costs](http://www.tricare.mil/costs).

The POS option does **not** apply to the following:

- ADSMs
- Newborns or newly adopted children in the first 60 days (120 days overseas) after birth or adoption
- Emergency care
- Clinical preventive care received from a network provider within your enrolled TRICARE region
- Beneficiaries with OHI
- The first eight outpatient mental health care visits per FY to a network provider for a medically diagnosed and covered condition; certain types of mental health care services are excluded and always require a referral or prior authorization

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 United States and U.S. territories*). POS fees do not apply toward the annual 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 Provider Types

TRICARE-Authorized Providers		
<ul style="list-style-type: none"> <li>• TRICARE-authorized providers meet TRICARE licensing and certification requirements and are certified by TRICARE to provide care to TRICARE beneficiaries. TRICARE-authorized providers may include doctors, hospitals, ancillary providers (<i>e.g., laboratories, radiology centers</i>), and pharmacies that meet TRICARE requirements. If you see a provider that is not TRICARE-authorized, you are responsible for the full cost of care. To find a list of TRICARE-authorized providers, visit <a href="http://www.tricare.mil/findaprovider">www.tricare.mil/findaprovider</a>.</li> <li>• There are two types of TRICARE-authorized providers: <b>network</b> and <b>non-network</b>.</li> </ul>		
Network Providers	Non-Network Providers	
<ul style="list-style-type: none"> <li>• Regional contractors have established networks and you may be assigned a primary care manager (PCM) who is part of the TRICARE network.</li> <li>• When specialty care is needed, your best option is for your PCM to coordinate the referral with your regional contractor.</li> <li>• TRICARE network providers:               <ul style="list-style-type: none"> <li>• Have a signed agreement with your regional contractor to provide care</li> <li>• Agree to file claims for you</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Non-network providers do not have a signed agreement with your regional contractor and are considered “out of network.” In most cases, you will not receive 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 (<i>using the POS option results in higher out-of-pocket costs</i>).</li> <li>• There are two types of non-network providers: <b>participating</b> and <b>nonparticipating</b>.</li> </ul>	
	Participating	Nonparticipating
	<ul style="list-style-type: none"> <li>• Using a participating provider is your best option if you are seeing a non-network provider.</li> <li>• Participating providers:               <ul style="list-style-type: none"> <li>• May choose to participate on a claim-by-claim basis</li> <li>• Have agreed to accept payment directly from TRICARE and accept the TRICARE-allowable charge (<i>including the applicable patient costs paid by you</i>) as payment in full for their services</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• If you visit a nonparticipating provider, you may have to pay the provider first and later file a claim with TRICARE for reimbursement.</li> <li>• Nonparticipating providers:               <ul style="list-style-type: none"> <li>• Have not agreed to accept the TRICARE-allowable charge or file your claims</li> <li>• Have the legal right to charge you up to 15 percent above the TRICARE-allowable charge for services (<i>you are responsible for paying this amount in addition to any applicable patient costs</i>)<sup>1</sup></li> </ul> </li> </ul>

1. Overseas, 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](http://www.tricare.mil/overseas) for more information.

## FOR INFORMATION AND ASSISTANCE

You can sign up to receive TRICARE news and benefit updates via e-mail. Visit [www.tricare.mil/subscriptions](http://www.tricare.mil/subscriptions), enter your e-mail address, and follow the prompts.

<p><b>N</b> TRICARE North Region</p> <p>Health Net Federal Services, LLC 1-877-TRICARE (1-877-874-2273) <a href="http://www.hnfs.com">www.hnfs.com</a></p> <p><b>Send enrollment forms to:</b> Health Net Federal Services, LLC P.O. Box 2637 Virginia Beach, VA 23450-2637</p> <p><b>Send claims to:</b> Health Net Federal Services, LLC c/o PGBA, LLC/TRICARE P.O. Box 870141 Surfside Beach, SC 29587-9741 Check the status of your claim at <a href="http://www.myTRICARE.com">www.myTRICARE.com</a> or <a href="http://www.hnfs.com">www.hnfs.com</a></p>	<p><b>S</b> TRICARE South Region</p> <p>Humana Military, a division of Humana Government Business 1-800-444-5445 <a href="http://HumanaMilitary.com">HumanaMilitary.com</a></p> <p><b>Send enrollment forms to:</b> Humana Military Attn: PNC Bank P.O. Box 105838 Atlanta, GA 30348-5838</p> <p><b>Send claims to:</b> TRICARE South Region Claims Department P.O. Box 7031 Camden, SC 29021-7031 Check the status of your claim at <a href="http://www.myTRICARE.com">www.myTRICARE.com</a> or <a href="http://HumanaMilitary.com">HumanaMilitary.com</a></p>	<p><b>W</b> TRICARE West Region</p> <p>UnitedHealthcare Military &amp; Veterans 1-877-988-WEST (1-877-988-9378) <a href="http://www.uhcmilitarywest.com">www.uhcmilitarywest.com</a></p> <p><b>Send enrollment forms to:</b> UnitedHealthcare Military &amp; Veterans TRICARE West Region Enrollment Department P.O. Box 105492 Atlanta, GA 30348-5492</p> <p><b>Send claims to:</b> TRICARE West Region Claims Department P.O. Box 7064 Camden, SC 29021-7064 Check the status of your claim at <a href="http://www.myTRICARE.com">www.myTRICARE.com</a> or <a href="http://www.uhcmilitarywest.com">www.uhcmilitarywest.com</a></p>
<p><b>O</b> TRICARE Overseas Program (TOP) Regional Call Center—Eurasia-Africa<sup>1</sup></p> <p>+44-20-8762-8384 (overseas) 1-877-678-1207 (stateside) <a href="mailto:tricarelon@internationalsos.com">tricarelon@internationalsos.com</a></p> <p><b>Medical Assistance<sup>1</sup></b> +44-20-8762-8133</p>	<p><b>O</b> TOP Regional Call Center—Latin America and Canada<sup>1</sup></p> <p>+1-215-942-8393 (overseas) 1-877-451-8659 (stateside) <a href="mailto:tricarephl@internationalsos.com">tricarephl@internationalsos.com</a></p> <p><b>Medical Assistance<sup>1</sup></b> +1-215-942-8320</p>	<p><b>O</b> TOP Regional Call Centers—Pacific<sup>1</sup></p> <p>Singapore: +65-6339-2676 (overseas) 1-877-678-1208 (stateside) <a href="mailto:sin.tricare@internationalsos.com">sin.tricare@internationalsos.com</a></p> <p>Sydney: +61-2-9273-2710 (overseas) 1-877-678-1209 (stateside) <a href="mailto:sydricare@internationalsos.com">sydricare@internationalsos.com</a></p> <p><b>Medical Assistance<sup>1</sup></b> Singapore: +65-6338-9277 Sydney: +61-2-9273-2760</p>

1. For toll-free contact information, visit [www.tricare-overseas.com](http://www.tricare-overseas.com). Only call Medical Assistance numbers to coordinate overseas emergency care.

### 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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