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TRICARE Questions?

TRICARE Customer Care
1-800-444-5445
www.humana-military.com

Or

TRICARE Service Center at Naval Hospital Beaufort

Open M-F 0730-1630

Naval Hospital Beaufort News Flash

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TRICARE Prime or TRICARE Standard: Which is the right plan for you?

When you first signed up for TRICARE, did you understand the TRICARE benefits that were explained to you? Do you know what coverage you have and if your plan fits your family's needs? Are the details of your TRICARE coverage, co-pays, deductibles, options, or the TRICARE language complicated and confusing? Let us help you better understand your options!

Active duty members can only participate in TRICARE Prime, but all other beneficiaries have a choice. TRICARE coverage starts once a beneficiary is entered into Defense Enrollment Eligibility Reporting System (DEERS). Active duty family members, retirees, and all others are automatically covered under TRICARE Standard at this point. To be covered under TRICARE Prime, one must enroll into the plan by filling out an application and choosing a Primary Care Manager (PCM). You can obtain an application by either visiting your local TRICARE Service Center (TSC), located on the south wing of the first floor at Naval Hospital Beaufort, or online at www.humana-military.com and choosing "Beneficiaries" under "Log in to MyHHMS For...".

Important: Once you are enrolled in TRICARE Prime, you can switch to TRICARE Standard at any time; however, you will not be able to re-enroll in Prime for one year.

Are you unsure which plan best suits your family's needs? Review the main benefits of each plan below to see which is best for you.

Prime - Key Points

- Enrollment is required
- Primary care at MTF
- Lower out-of-pocket expenses
- Authorization is required for services
- No claim filing to worry about

TRICARE Prime is a managed care health care plan (HMO) that aims to guide your health care choices to provide optimal health. There is no enrollment fee for active duty families and they pay nothing for outpatient visits or specialty care as long as they have a referral from their PCM and authorization from TRICARE. Retirees, their families, and all others do pay an enrollment fee and have a \$12 co-pay for outpatient visits. There is a maximum out-of-pocket (catastrophic cap) amount a beneficiary pays each fiscal year. The amount is between \$1000 and \$3000, which is determined by the sponsor's military status. Prime patients do have the option to see outside providers without a referral, but will be required to pay a portion of the cost, called "Point of Service" (POS) cost-share. Under this plan, patients are encouraged to take advantage of the great providers and services at NHB. This allows greater continuity of care as well as lower out-of-pocket costs for the patient.

Visit the TRICARE Service Center for a detailed comparison of TRICARE Standard and Prime.

TRICARE Standard is a fee-for-service health care plan which requires the patient to pay a portion of the cost for each visit. Although one has more choice of health care services and providers, the out-of-pocket expenses are higher. Active duty family members have a cost-share of 15% for network providers and a cost-share of 20% for non-network providers, after their annual deductible is met. The cost-share is greater for retirees and their family members. Cost-sharing only starts once a patient pays all of their deductible, which can be \$50-\$300 depending on rank and other factors. Not only is this plan the more expensive option, but it also does not offer the benefit of a PCM. While some may prefer the greater choice this plan offers, others may be confused or overwhelmed by the complexity of TRICARE Standard.

Standard - Key Points

- Automatic enrollment
- MTF care only on space available
- Higher out of pocket expenses
- Referrals are not required
- More freedom over health care