

Taking TRICARE Overseas

TRICARE Prime Overseas

TRICARE Standard Overseas

What is it?

TRICARE Prime Overseas offers TRICARE Prime benefits (a managed care option) to active duty service members and their eligible family members residing with their sponsors overseas. There are no enrollment fees, cost shares or deductibles for TRICARE Prime Overseas enrollees.

Note: Family members must be command-sponsored to enroll.

TRICARE Standard Overseas is a fee-for-service option, which allows you the most flexibility in whom you see for care, but will cost you more out-of-pocket than a managed care plan such as TRICARE Prime Overseas or TRICARE Global Remote Overseas. You can see any qualified host nation provider for care.

Am I eligible?

Note: Eligibility can only be determined by uniformed services, and eligibility information is reflected in the Defense Enrollment Eligibility Reporting System (DEERS). The information provided here is general.

In general, TRICARE Prime Overseas is available to:

- Active duty service members
 - Active duty family members
 - Transitional survivors
 - Members of the National Guard and Reserves and their families if the sponsor is activated for more than 30 consecutive days
- Active duty service members (including activated National Guard and Reserve members) must be permanently-assigned, and family members must be command-sponsored.

In general, TRICARE Standard Overseas is available to:

- Active duty family members
 - Retirees and their family members under age 65*
 - Survivors under age 65*
 - Certain former spouses under age 65*
 - Medal of Honor recipients and their families under age 65*
 - Family members of National Guard or Reserve members who are activated for more than 30 consecutive days
- *If under age 65 and entitled to Medicare Part A, you must have Medicare Part B to remain eligible for TRICARE. When you have Medicare Part A and Part B, you're automatically covered by TRICARE For Life.

What are the main features?

- Enrollment required
 - Easy to transfer enrollment when you move
 - Enhanced vision coverage and clinical preventive services
 - Assigned primary care manager (PCM) provides most of your care and gives you referrals for specialty care*
 - Time and distance access standards
 - First priority for military treatment facility appointments
 - Fewer out-of-pocket costs
 - No claims to file (in most cases)
- *Point of service (POS) option available to receive care without a PCM referral, resulting in higher out-of-pocket costs. POS not available for active duty service members.

- Enrollment NOT required
- No enrollment forms to fill out
- No annual enrollment fees
- Freedom to choose from any qualified host nation provider without a referral
- Receive care in a military treatment facility (MTF) on a space-available basis only
- No referrals are required, but some care may require prior authorization
- Higher out-of-pocket costs (compared to TRICARE Prime Overseas)
- You may have to pay for services when they are received and file your own claims for reimbursement.

How do I get care?

When you enroll in TRICARE Prime Overseas, you will select a PCM or one will be assigned to you. Your PCM provides all of your primary care or refers you to another provider if he or she cannot provide the care. You will usually receive most of your PCM care, preventive services and specialty care services from a military treatment facility (MTF).

You may receive routine or specialty care from any qualified host nation provider without a referral. Some services may require prior authorization. If you live near an MTF, you must obtain a non-availability statement from the MTF before receiving inpatient care at a host nation hospital.

Will I have to file my own claims?

When necessary, you will be referred by your PCM for specialty care to qualified host nation providers. Many host nation providers expect payment at the time services are provided, often in local currency instead of U.S. dollars. If this is the case, you may then submit a claim to the overseas claims processor, Wisconsin Physicians Service, along with a copy of an itemized bill, for appropriate reimbursement from TRICARE.

You may be required to pay for care up front and file claims with Wisconsin Physicians Service, the TRICARE Overseas claims processor.

Do I have to enroll? If so, is there an annual enrollment fee?

Enrollment is required, but there is no annual enrollment fee. Active duty service members (including activated National Guard and Reserve members) must enroll in TRICARE Prime Overseas (or another Prime option depending on where they live/work). Active duty family members and transitional survivors may choose to enroll. Those who don't enroll in TRICARE Prime Overseas are covered by TRICARE Standard Overseas, as long as they remain eligible in the Defense Enrollment Eligibility Reporting System. Active duty service members must provide copies of orders showing command sponsorship of their authorized active duty family members for them to enroll in TRICARE Prime Overseas.

There is no enrollment in TRICARE Standard Overseas. Coverage is automatic, as long as you remain eligible in the Defense Enrollment Eligibility Reporting System.

Taking your healthcare overseas through TRICARE is relatively easy, but there are some differences in the various overseas plans. Check out this comparison chart, and visit the TRICARE website at www.tricare.mil/mybenefit for more detailed information and enrollment eligibility on your overseas options.

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What is the annual deductible?

There is no annual deductible unless you are using the POS option, which allows you to see any provider without a referral from your primary care manager.

POS outpatient annual deductible:

- \$300/Individual
- \$600/Family

Note: Active duty service members and activated National Guard or Reserve members may not use the POS option.

The annual outpatient deductible varies depending on the sponsor's military status and rank:

Active duty family members (sponsor rank E-4 and below):

- \$50/Individual
- \$100/Family

Active duty family members (sponsor rank E-5 and above)

- \$150/Individual
- \$300/Family

All others:

- \$150/Individual
- \$300/Family

Family Member of National Guard or Reserve Members activated in support of a contingency operation (OEF, OIF, Noble Eagle): \$0; Deductibles waived as part of the Reserve Family Demonstration Project

Note: There is no annual deductible for care received in military treatment facilities.

How much do I pay for an outpatient visit?

You pay nothing, unless using the POS option. If you use the POS option, you will pay 50% of the billed charge, after the POS annual deductible is met.

Note: Active duty service members (including activated National Guard and Reserve members) may not use the POS option.

Military Treatment Facility

- No charge

Host Nation Provider

- Active duty family members (including family members of activated National Guard and Reserve members): 20% of billed charges for covered services after the annual deductible is met

All others: 25% of billed charges for covered services after the annual deductible is met

How much do I pay for clinical preventive services?

You pay nothing, unless using the POS option. If you use the POS option, you will pay 50% of the billed charge, after the POS annual deductible is met.

Note: Active duty service members (including activated National Guard and Reserve members) may not use the POS option.

\$0 for colorectal, breast, cervical and prostate cancer screenings; immunizations; and well-child visits for children under age 6. For all other preventive services cost-sharing begins after the annual deductible is met. Costs are determined by the type of provider you see:

Military Treatment Facility

- No charge

Host Nation Provider

- Active duty family members (including family members of activated National Guard and Reserve members): 20% of billed charges for covered services after the annual deductible is met

All others: 25% of billed charges for covered services after the annual deductible is met.

How much do I pay for hospitalization?

You pay nothing, unless using the POS option. If you use the POS option, you will pay 50% of the billed charge, after the POS annual deductible is met.

Note: Active duty service members (including activated National Guard and Reserve members) may not use the POS option.

Military Treatment Facility

- Nominal charges may apply
- Check with your local facility for details

Host Nation Provider

- Active duty family members (including family members of activated National Guard and Reserve members): Per diem charge (\$25 minimum charge)

All others: 25% for institutional services, whichever is less, plus 25% for separately billed professional charges.

How much do I pay for emergency services?

You pay nothing for emergency services.

Military Treatment Facility

- No charge
- Nominal charges may apply if admitted
- Check with your local facility for details

Host Nation Provider

- Active duty family members (including family members of activated National Guard and Reserve members): 20% of billed charges for covered services after the annual deductible is met. All others: 25% of billed charges for covered services after the annual deductible is met.

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TRICARE Prime Overseas in green

TRICARE Standard Overseas in blue

How much do I pay for outpatient behavioral health care?

You pay nothing, unless using the POS option. If you use the POS option, you will pay 50% of the billed charge, after the POS annual deductible is met.

Note: Active duty service members (including activated National Guard and Reserve members) may not use the POS option.

Military Treatment Facility

- No charge

Host Nation Provider

- Active duty family members (including family members of activated National Guard and Reserve members): 20% of billed charges for covered services after the annual deductible is met

All others: 25% of billed charges for covered services after the annual deductible is met.

How much do I pay for inpatient behavioral health care?

You pay nothing, unless using the POS option. If you use the POS option, you will pay 50% of the

billed charge, after the POS annual deductible is met. Note: Active duty service members (including activated National Guard and Reserve members) may not use the POS option.

Military Treatment Facility

- Nominal charges may apply
- Check with your local facility for details

Host Nation Provider

- Active duty family members (including family members of activated National Guard and Reserve members): Per diem charge (\$25 minimum charge)

All others: 25% for institutional services, whichever is less, plus 25% for separately billed professional charges.

How much do I pay for inpatient skilled nursing care?

You pay nothing, unless using the POS option. If you use the POS option, you will pay 50% of the billed charge, after the POS annual deductible is met.

Note: Active duty service members (including activated National Guard and Reserve members) may not use the POS option.

Military Treatment Facility

- Nominal charges may apply
- Check with your local facility for details

Host Nation Provider

- Active duty family members (including family members of activated National Guard and Reserve members): Per diem charge (\$25 minimum charge) All others: 25% for institutional services, plus 25% for separately billed professional charges.

What's the maximum I'll pay out-of-pocket? (Or, the Catastrophic Cap.)

\$1,000 per family, per fiscal year. Note: POS fees do not apply toward meeting your catastrophic cap.

Your catastrophic cap varies depending on the sponsor's military status:

- Active duty families: \$1,000 per family, per fiscal year
- National Guard and Reserve families: \$1,000 per family, per fiscal year
- Retired families (and all others): \$3,000 per family, per fiscal year.

Where is the program available?

TRICARE Prime Overseas is available in overseas areas, including U.S. territories, near a military treatment facility.

TRICARE Standard Overseas is available in all overseas locations.

Source: TRICARE Management Activity, www.tricare.mil