Chapter 2 Addendum A

Benefits And Beneficiary Payments Under The TRICARE Program

Beneficiary copayments (i.e., beneficiary payments expressed as a specified amount) and enrollment fees may be updated for inflation annually (cumulative effect applied and rounded to the nearest whole dollar) by the national Urban Consumer Price Index (CPI-U) medical index (the medical component of the CPI-U). Beneficiary cost-shares (i.e., beneficiary payments expressed as a percentage of the provider's fee) will not be similarly updated.

These charts are not intended to be a comprehensive listing of all services covered under TRICARE. All care is subject to review for medical necessity and appropriateness:

1.0 TRICARE PRIME PROGRAM ANNUAL ENROLLMENT FEES

Does not apply to the TRICARE Extra Program (also see paragraph 5.0, "Point of Service (POS) Option"):

TRICARE PRIME PROGRAM		
ACTIVE DUTY FAMILY MEMBERS (ADFMs)		RETIREES, THEIR FAMILY MEMBERS, ELIGIBLE FORMER SPOUSES, & SURVIVORS
E1 - E4	E5 & ABOVE	
None	None	**$230 per Retiree or Family Member** **$460 Maximum per Family** EXCEPTION: Effective March 26, 1998, the enrollment fee is waived for those beneficiaries who are eligible for Medicare on the basis of disability or end stage renal disease and who maintain enrollment in Part B of Medicare.

2.0 TRICARE STANDARD AND EXTRA PROGRAM ANNUAL FISCAL YEAR DEDUCTIBLE

Applies to all outpatient services, does not apply to the TRICARE Prime Program (also see paragraph 5.0, "POS Option"):

TRICARE STANDARD AND EXTRA PROGRAM		
ADFMs		RETIREES, THEIR FAMILY MEMBERS, & SURVIVORS
E1 - E4	E5 & ABOVE	
$50 per Individual **$100 Maximum per Family**	**$150 per Individual** **$300 Maximum per Family**	**$150 per Individual** **$300 Maximum per Family**

3.0 OUTPATIENT SERVICES

BENEFICIARY COPAYMENT/COST-SHARE (SEE POS)					
TRICARE BENEFITS	**TRICARE PRIME PROGRAM (SEE NOTE 5)**				
	ADFMS		**RETIREES, THEIR FAMILY MEMBERS, & SURVIVORS**	**TRICARE EXTRA PROGRAM**	**TRICARE STANDARD PROGRAM**
TYPE OF SERVICE (SEE NOTE 6)	**E1 - E4**	**E5 & ABOVE**			
INDIVIDUAL PROVIDER SERVICES Office visits; outpatient office-based medical and surgical care; consultation, diagnosis and treatment by a specialist; allergy tests and treatment; osteopathic manipulation; medical supplies used within the office including casts, dressings, and splints.	$0 copayment per visit.	$0 copayment per visit.	$12 copayment per visit.	**ADFMs:** Cost-share--15% of the fee negotiated by the contractor. **Retirees, their Family Members, & Survivors:** Cost-share--20% of the fee negotiated by the contractor.	**ADFMs:** Cost-share--20% of the allowable charge. **Retirees, their Family Members, & Survivors:** Cost-share--25% of the allowable charge.
OUTPATIENT HOSPITAL DEPARTMENTS Clinics visits; therapy visits; medical supplies; consultations; treatment room; etc. **Note:** Use other parts of this table for cost-sharing of ASC services, ER services, DME, etc.	$0 copayment per visit.	$0 copayment per visit.	$12 copayment per visit. No separate copayment/cost-share for separately billed professional charges.		
LABORATORY AND X-RAY SERVICES	$0 copayment per visit.	$0 copayment per visit.	$12 copayment per visit (see Note 2).		
ANCILLARY SERVICES Refer to Section 1 for specific CPT code ranges.	$0 copayment per visit.	$0 copayment per visit.	No copayment (see Note 1).		
ROUTINE PAP SMEARS Frequency to depend on physician recommendations based on the published guidelines of the American Academy of Obstetrics and Gynecology (see Note 2).	No copayment.	No copayment.	No copayment.		

3.0 OUTPATIENT SERVICES (CONTINUED)

BENEFICIARY COPAYMENT/COST-SHARE (SEE POS)					
TRICARE BENEFITS	**TRICARE PRIME PROGRAM (SEE NOTE 5)**				
	ADFMS		**RETIREES, THEIR FAMILY MEMBERS, & SURVIVORS**	**TRICARE EXTRA PROGRAM**	**TRICARE STANDARD PROGRAM**
TYPE OF SERVICE (SEE NOTE 6)	**E1 - E4**	**E5 & ABOVE**			
AMBULANCE SERVICES When medically necessary as defined in the TRICARE Policy Manual (TPM) and the service is a covered benefit.	$0 copayment per visit.	$0 copayment per visit.	$20 copayment per occurrence.	**ADFMs:** Cost-share--15% of the fee negotiated by contractor. **Retirees, their Family Members, & Survivors:** Cost-share--20% of the fee negotiated by the contractor.	**ADFMs:** Cost-share--20% of the allowable charge. **Retirees, their Family Members, & Survivors:** Cost-share--25% of the allowable charge.
EMERGENCY SERVICES Emergency and urgently needed care obtained on an outpatient basis, both network and non-network, and in and out of the Region.	$0 copayment per visit.	$0 copayment per visit.	$30 copayment per emergency room visit.1		
DME (e.g., HEARING AIDS), PROSTHETIC DEVICES (e.g., AUGMENTATIVE COMMUNICATION DEVICES), AND MEDICAL SUPPLIES PRESCRIBED BY AN AUTHORIZED PROVIDER WHICH ARE COVERED BENEFITS (If dispensed for use outside of the office or after the home visit.)	$0 copayment per visit.	$0 copayment per visit.	Cost-share - 20% of the fee negotiated by the contractor.		

3.0 OUTPATIENT SERVICES (CONTINUED)

BENEFICIARY COPAYMENT/COST-SHARE (SEE POS)					
TRICARE BENEFITS	TRICARE PRIME PROGRAM (SEE NOTE 5)				
	ADFMS		RETIREES, THEIR FAMILY MEMBERS, & SURVIVORS	TRICARE EXTRA PROGRAM	TRICARE STANDARD PROGRAM
TYPE OF SERVICE (SEE NOTE 6)	E1 - E4	E5 & ABOVE			
HOME HEALTH CARE Part-time or intermittent skilled nursing and home health aide services, physical, speech, & occupational therapy, medical social services, routine and non-routine medical services. **Note:** DME, osteoporosis drugs, pneumoccocal pneumonia, influenza virus and hepatitis B vaccines, oral cancer drugs, antiemetic drugs, orthotics, prosthetics, enteral and parenteral nutritional therapy and drugs/biologicals administered by other than oral methods are services that can be paid in addition to the prospective payment amount subject to applicable copayment/ cost-sharing and deductible amounts.	$0 copayment.	$0 copayment.	$0 copayment.	$0 cost-share.	$0 cost-share.
HOSPICE CARE **Note:** A separate cost-share may be (optional) collected by the individual hospice for outpatient drugs and biologicals and inpatient respite care.					

3.0 OUTPATIENT SERVICES (CONTINUED)

BENEFICIARY COPAYMENT/COST-SHARE (SEE POS)					
TRICARE BENEFITS	TRICARE PRIME PROGRAM (SEE NOTE 5)				
	ADFMS		RETIREES, THEIR FAMILY MEMBERS, & SURVIVORS	TRICARE EXTRA PROGRAM	TRICARE STANDARD PROGRAM
TYPE OF SERVICE (SEE NOTE 6)	E1 - E4	E5 & ABOVE			
FAMILY HEALTH SERVICES Family planning and well baby care (up to 24 months of age). The exclusions listed in the TPM will apply.	$0 copayment per visit.	$0 copayment per visit.	$12 copayment per visit (see Note 2).	**ADFMs:** Cost-share--15% of the fee negotiated by contractor. **Retirees, their Family Members, & Survivors:** Cost-share--20% of the fee negotiated by the contractor.	**ADFMs:** Cost-share--20% of the allowable charge. **Retirees, their Family Members, & Survivors:** Cost-share--25% of the allowable charge.
OUTPATIENT MENTAL HEALTH TO INCLUDE HOME One hour of therapy, no more than two times each week (when medically necessary).	$0 copayment per visit.	$0 copayment per visit.	$25 copayment for individual visits. $17 copayment for group visits.		
AMBULATORY SURGERY (same day) Authorized hospital-based or freestanding Ambulatory Surgical Center (ASC) that is TRICARE certified.	$0 copayment per visit.	$0 copayment per visit.	$25 copayment.	**ADFMs:** Cost-share--$25. for ASC. **Retirees, their Family Members, & Survivors:** Cost-share--20% of the fee negotiated by the contractor.	**ADFMs:** $25. **Retirees, their Family Members, & Survivors:** Lesser of 25% of group rate or 25% of billed charge.
OTHER NON-ASC SURGICAL PROCEDURES With the exclusion of those surgical procedures referenced Section 1, paragraphs 1.2.4.5 and 1.2.4.6.					
BIRTHING CENTER Prenatal care, outpatient delivery, and postnatal care provided by TRICARE authorized birthing center.					
IMMUNIZATIONS (See Note 4) Immunizations required for active duty family members whose sponsors have permanent change of station orders to overseas locations.	$0 copayment per visit.	$0 copayment per visit.	Not covered under Prime.	**ADFMs:** Cost-share--15% of the fee negotiated by the contractor. **Retirees, their Family Members, & Survivors:** Not covered under TRICARE Extra.	**ADFMs:** Cost-share--20% of the allowable charge. **Retirees, their Family Members, & Survivors:** Not covered under TRICARE Standard.

3.0 OUTPATIENT SERVICES (CONTINUED)

BENEFICIARY COPAYMENT/COST-SHARE (SEE POS)					
TRICARE BENEFITS	**TRICARE PRIME PROGRAM (SEE NOTE 5)**				
	ADFMS		**RETIREES, THEIR FAMILY MEMBERS, & SURVIVORS**	**TRICARE EXTRA PROGRAM**	**TRICARE STANDARD PROGRAM**
TYPE OF SERVICE (SEE NOTE 6)	**E1 - E4**	**E5 & ABOVE**			
EYE EXAMINATIONS (See Note 4) One routine examination per year for family members of active duty sponsors.	$0 copayment per visit.	$0 copayment per visit.	Not covered under Prime (see Note 4)	**ADFMs:** Cost-share--15% of the fee negotiated by the contractor. **Retirees, their Family Members, & Survivors:** Not covered under TRICARE Extra.	**ADFMs:** Cost-share--20% of the allowable charge. **Retirees, their Family Members, & Survivors:** Not covered under TRICARE Standard.
CLINICAL PREVENTIVE SERVICES Includes those services listed in the TPM, Chapter 7, Section 2.1 and 2.2.	$0 copayment.	$0 copayment.	$0 copayment.	**ADFMs:** Cost-share--15% of the fee negotiated by contractor. **Retirees, their Family Members, & Survivors:** Cost-share--20% of the fee negotiated by the contractor.	**ADFMs:** Cost-share--20% of the allowable charge. **Retirees, their Family Members, & Survivors:** Cost-share--25% of the allowable charge.

4.0 INPATIENT SERVICES

BENEFICIARY COPAYMENT/COST-SHARE				
TRICARE STANDARD BENEFITS	**TRICARE PRIME PROGRAM**			
TYPE OF SERVICE	**ADFMs**	**RETIREES, THEIR FAMILY MEMBERS, & SURVIVORS**	**TRICARE EXTRA PROGRAM**	**TRICARE STANDARD PROGRAM**
HOSPITALIZATION Semiprivate room (and when medically necessary, special care units), general nursing, and hospital service. Includes inpatient physician and their surgical services, meals including special diets, drugs and medications while an inpatient, operating and recovery room, anesthesia, laboratory tests, x-ray and other radiology services, necessary medical supplies and appliances, blood and blood products.	$0 copayment per visit.	$11 per diem charge ($25 minimum charge per admission). No separate copayment/cost-share for separately billed professional charges.	**ADFMs:** Per diem charge ($25 minimum charge per admission). No separate cost-share for separately billed professional charges. **Retirees, their Family Members, & Survivors:** $250 per diem copayment or 25% cost-share of total charges (based on the fee schedule negotiated by the contractor), whichever is less, for institutional services, whichever is less, plus 20% cost-share of separately billed professional charges (based on the fee schedule negotiated by the contractor).	**ADFMs:** Per diem charge ($25 minimum charge per admission). No separate cost-share for separately billed professional charges. **Retirees, their Family Members, & Survivors:** DRG per diem copayment or 25% cost-share of billed charges for institutional services, whichever is less, plus 25% cost-share of allowable for separately billed professional charges.
MATERNITY Hospital and professional services (prenatal, delivery, postnatal).				

4.0 INPATIENT SERVICES (CONTINUED)

BENEFICIARY COPAYMENT/COST-SHARE				
TRICARE STANDARD BENEFITS	**TRICARE PRIME PROGRAM**			
TYPE OF SERVICE	**ADFMs**	**RETIREES, THEIR FAMILY MEMBERS, & SURVIVORS**	**TRICARE EXTRA PROGRAM**	**TRICARE STANDARD PROGRAM**
NEWBORN/ADOPTEE CARE Hospital and professional services.	$0 copayment. No separate copayment/ cost-share for separately billed professional charges.	**Same newborn date of birth and date of admission:** $11 per day ($25 minimum charge) applies to the fourth and subsequent days of the newborn's inpatient stay. **Different newborn date of birth and date of admission:** $11 per day ($25 minimum charge) applies to all days of the newborn's inpatient stay.	**ADFMs:** $0 as newborn is deemed enrolled in Prime for up to 60 days for cost-sharing purposes. No separate cost-share for separately billed professional charges. **Retirees, their Family Members, & Survivors: Same newborn date of birth and date of admission:** Unless the newborn is deemed enrolled in Prime, the cost-share will be the lower of the number of hospital days minus 3 multiplied by $250 OR 25% of TRICARE contractor negotiated charges for institutional services, plus 20% cost-share of separately billed contractor negotiated professional charges.	**ADFMs:** $0 as newborn is deemed enrolled in Prime for up to 60 days for cost-sharing purposes. No separate cost-share for separately billed professional charges. **Retirees, their Family Members, & Survivors:** **DRG Hospital: Same newborn date of birth and date of admission:** Unless the newborn is deemed enrolled in Prime, the cost-share will be the lower of the number of hospital days minus 3 multiplied by DRG per diem copayment OR 25% of billed charges for institutional services, plus 25% cost-share of allowable separately billed professional charges.
Note: The TRICARE Regional Director (RD) and Director of each TRICARE Area Office (TAO) shall be granted the authority to extend the deemed period up to 120-days, on a case-by-case or regional basis.				

4.0 INPATIENT SERVICES (CONTINUED)

BENEFICIARY COPAYMENT/COST-SHARE				
TRICARE STANDARD BENEFITS	TRICARE PRIME PROGRAM			
TYPE OF SERVICE	ADFMs	RETIREES, THEIR FAMILY MEMBERS, & SURVIVORS	TRICARE EXTRA PROGRAM	TRICARE STANDARD PROGRAM
NEWBORN/ADOPTEE CARE (Continued)			**Different newborn date of birth and date of admission:** Unless the newborn is deemed enrolled in Prime, the cost-share will be the lower of hospital days for the newborn multiplied by $250 or 25% of TRICARE contractor negotiated charges for institutional services, plus 20% cost-share of separately billed contractor negotiated professional charges.	**Different newborn date of birth and date of admission:** Unless the newborn is deemed enrolled in Prime, the cost-share will be the lower of hospital days for the newborn multiplied by DRG per diem copayment OR 25% of billed charges for institutional services, plus 25% cost-share of allowable separately billed professional charges. **DRG Exempt Hospital:** Unless the newborn is deemed enrolled in Prime, the cost-share will be 25% of allowed charges for institutional services, plus 25% cost-share of allowable separately billed professional charges.
Note: The TRICARE Regional Director (RD) and Director of each TAO shall be granted the authority to extend the deemed period up to 120-days, on a case-by-case or regional basis.				

4.0 INPATIENT SERVICES (CONTINUED)

BENEFICIARY COPAYMENT/COST-SHARE				
TRICARE STANDARD BENEFITS	TRICARE PRIME PROGRAM			
TYPE OF SERVICE	ADFMs	RETIREES, THEIR FAMILY MEMBERS, & SURVIVORS	TRICARE EXTRA PROGRAM	TRICARE STANDARD PROGRAM
SKILLED NURSING FACILITY CARE Same benefit as Medicare except that there is no limitation to the number of days of coverage. Benefit includes semiprivate room, regular nursing services, meals including special diets, physical, occupational and speech therapy, drugs furnished by the facility, necessary medical supplies, and appliances.	$0 copayment per visit.	$11 per diem charge ($25 minimum charge per admission). No separate copayment/cost-share for separately billed professional charges.	**ADFMs:** Per diem charge ($25 minimum charge per admission). **Retirees, their Family Members, & Survivors:** $250 per diem copayment or 20% cost-share of total charges (based on the fee schedule negotiated by the contractor), whichever is less, for institutional services, plus 20% cost-share of separately billed professional charges (based on the fee schedule negotiated by the contractor).	**ADFMs:** Per diem charge ($25 minimum charge per admission). **Retirees, their Family Members, & Survivors:** 25% cost-share of allowed charges for institutional services, plus 25% cost-share of allowable for separately billed professional charges.

4.0 INPATIENT SERVICES (CONTINUED)

BENEFICIARY COPAYMENT/COST-SHARE				
TRICARE STANDARD BENEFITS	TRICARE PRIME PROGRAM			
TYPE OF SERVICE	ADFMs	RETIREES, THEIR FAMILY MEMBERS, & SURVIVORS	TRICARE EXTRA PROGRAM	TRICARE STANDARD PROGRAM
FOR MENTAL ILLNESS With authorization, up to 30 days per fiscal year for adults (age 19+), up to 45 days per fiscal year for children under age 19; up to 150 days residential treatment for children and adolescents.	$0 copayment per visit.	$40 per diem charge. No separate copayment/cost-share for separately billed professional charges.	**ADFMs:** $20 per diem charge ($25 minimum charge per admission). **Retirees, their Family Members, & Survivors:** Cost-share--20% of total charges (based on the fee schedule negotiated by the contractor) for institutional services, plus 20% cost-share of separately billed professional charges (based on the fee schedule negotiated by the contractor).	**ADFMs:** $20 per diem charge ($25 minimum charge per admission). **Retirees, their Family Members, & Survivors:** Inpatient High Volume Hospital: Cost-share--25% hospital specific per diem. **Inpatient Low Volume Hospital:** Lower of fixed daily amount or 25% hospital billed charges. **RTC:** Cost-share--25% of the TRICARE allowed amount. **Partial Hospitalization:** Cost-share--25% of the TRICARE allowed amount. Plus, 25% cost-share of allowable charges for separately billed professional charges.
SUBSTANCE USE TREATMENT (Inpatient, partial) With authorization, 7 days for detoxification and 21 days for rehabilitation per 365 days. Maximum of one rehabilitation program per year and three per lifetime. Detoxification and rehabilitation days count toward limit for mental health benefits.				
PARTIAL HOSPITALIZATION-MENTAL HEALTH With authorization, up to 60 days per fiscal year (minimum of 3 hours/ day of therapeutic services).				

5.0 POINT OF SERVICE (POS)

BENEFICIARY COPAYMENT/COST-SHARE				
TRICARE STANDARD BENEFITS	**TRICARE PRIME PROGRAM**			
TYPE OF SERVICE	**ADFMs**	**RETIREES, THEIR FAMILY MEMBERS, & SURVIVORS**	**TRICARE EXTRA PROGRAM**	**TRICARE STANDARD PROGRAM**
A Prime enrollee may receive services under the Point of Service option by self-referring for non-emergency care. Refer to Section 3, for policy on the Point of Service option.	**Outpatient Deductible:** $300.00 individual $600.00 family. **Inpatient and Outpatient Cost-Share:** 50% of the allowed charges (see Note 7).	Outpatient Deductible: $300.00 individual $600.00 family. **Inpatient and Outpatient Cost-Share:** 50% of the allowed charges (see Note 7).	POS option does NOT apply to TRICARE Extra beneficiaries.	POS option does NOT apply to TRICARE Standard beneficiaries.

Refer to Section 2 for information on catastrophic loss protection.

Note 1: An eligible former spouse is responsible for payment of copayment/cost-sharing amounts identical to those required for beneficiaries other than family members of active duty members.

Note 2: If these services are performed by the office visit provider on a date different from the office visit or performed by a different provider such as an independent laboratory or radiology facility (even if performed on the same day as the related office visit) the beneficiary will owe a separate copayment for the services. Also, no copayment will be collected for these services when they are billed and provided as clinical preventive services to TRICARE Prime enrollees.

Note 3: For dates of service on or after March 26, 1998, under TRICARE Prime, services defined as "ancillary services" in Section 1 require no copayment.

Note 4: Additional immunizations and eye examinations are covered under the TRICARE Prime Program's "clinical preventive services". See the TPM, Chapter 7, Section 2.2.

Note 5: No copayment may be collected for these services when they are billed and provided as specified in the TPM, Chapter 7, Section 2.2.

Note 6: No enhanced outpatient benefits under the TRICARE Extra Program.

Note 7: TRICARE reimbursement will be limited to 50% of the billed/allowed charges.

- END -