



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS

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TRICARE
MANAGEMENT ACTIVITY

MB&RB

**CHANGE 155
6010.55-M
SEPTEMBER 21, 2012**

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE REIMBURSEMENT MANUAL (TRM), AUGUST 2002**

The TRICARE Management Activity has authorized the following addition(s)/revision(s).

CHANGE TITLE: TRICARE PRIME FEE REFUNDS, CONTINUED HEALTH CARE BENEFIT PROGRAM (CHCBP), AND FEE SYSTEM

CONREQ: 16097

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change requires refunding Prime enrollment fees to enrollees under age 65, who become eligible for Medicare Part A and purchase Part B, clarifies CHCBP eligibility, updates the TRICARE Systems Manual (TSM) based on implementation of the Fee Premium Interface, adds the Fiscal Year (FY) 2013 Prime Enrollment Fee amounts, and adds a Health Care Plan Coverage Code to the list of valid codes.

EFFECTIVE DATE: October 1, 2012, except for the CHCBP change which has an effective date of October 16, 2011.

IMPLEMENTATION DATE: Upon direction of the Contracting Officer.

This change is made in conjunction with Aug 2002 TOM, Change No. 147, Aug 2002 TPM, Change No. 167, and Aug 2002 TSM, Change No. 100.

**Ann N. Fazzini
Chief, Medical Benefits and
Reimbursement Branch**

**ATTACHMENT(S): 2 PAGE(S)
DISTRIBUTION: 6010.55-M**

CHANGE 155
6010.55-M
SEPTEMBER 21, 2012

REMOVE PAGE(S)

CHAPTER 2

Addendum A, pages 1 and 2

INSERT PAGE(S)

Addendum A, pages 1 and 2

BENEFITS AND BENEFICIARY PAYMENTS UNDER THE TRICARE PROGRAM

NOTE 1: 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 CPI-U medical index (the medical component of the Urban Consumer Price Index). Beneficiary cost shares (i.e., beneficiary payments expressed as a percentage of the provider's fee) will not be similarly updated.

I. TRICARE PRIME PROGRAM ANNUAL ENROLLMENT FEES

Does not apply to the TRICARE Extra Program (Also see "Point of Service (POS) Option", [paragraph IV](#)):

TRICARE PRIME PROGRAM			
EFFECTIVE DATE OF FEES	ACTIVE DUTY FAMILY MEMBERS (ADFMS)		RETIREES, THEIR FAMILY MEMBERS, ELIGIBLE FORMER SPOUSES & SURVIVORS
	E1 - E4	E5 & ABOVE	
FY 1996 - FY 2011	None	None	\$230 per Retiree or Family Member \$460 Maximum per Family
FY 2012	None	None	\$260 per Retiree or Family Member \$520 Maximum per Family
FY 2013 - Present	None	None	\$269.28 per Retiree or Family Member \$538.56 Maximum per Family

EXCEPTIONS:

- 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.
- Effective Fiscal Year (FY) 2012, beneficiaries who are (1) survivors of active duty deceased sponsors, or (2) medically retired Uniformed Services members and their dependents, shall have their Prime enrollment fees frozen at the rate in effect when classified and enrolled in a fee paying Prime plan. (This does not include TRICARE Young Adult (TYA) plans). Beneficiaries in these two categories who were enrolled in FY 2011 will continue paying the FY 2011 rate. The beneficiaries who become eligible in either category and enroll during FY 2012, or in any future fiscal year, shall have their fee frozen at the rate in effect at the time of enrollment in Prime. The fee for these beneficiaries shall remain frozen as long as at least one family member remains enrolled in Prime. The fee for the dependent(s) of a medically retired Uniformed Services member shall not change if the dependent(s) is later re-classified a survivor.

TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

CHAPTER 2, ADDENDUM A

BENEFITS AND BENEFICIARY PAYMENTS UNDER THE TRICARE PROGRAM

II. TRICARE EXTRA PROGRAM ANNUAL FISCAL YEAR DEDUCTIBLE

Applies to all outpatient services, does not apply to the TRICARE Prime Program. (Also see "Point of Service (POS) Option", [paragraph IV.](#))

TRICARE EXTRA PROGRAM		
ACTIVE DUTY FAMILY MEMBERS (ADFM's)		RETIRES, 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

III. TRICARE STANDARD PROGRAM ANNUAL FISCAL YEAR DEDUCTIBLE

Applies to all outpatient services, does not apply to the TRICARE Prime or Extra Programs:

TRICARE STANDARD PROGRAM		
ACTIVE DUTY FAMILY MEMBERS (ADFM's)		RETIRES, 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

NOTE 2: 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:

NOTE 3: 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.

IV. OUTPATIENT SERVICES

BENEFICIARY COPAYMENT/COST-SHARE (SEE POS OPTION)					
TRICARE BENEFITS TYPE OF SERVICE (SEE NOTE 11.)	TRICARE PRIME PROGRAM (SEE NOTE 8.)			TRICARE EXTRA PROGRAM	TRICARE STANDARD PROGRAM
	ADFM's		RETIRES, THEIR FAMILY MEMBERS & SURVIVORS		
	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.	ADFM's: 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.	ADFM's: Cost-share--20% of the allowable charge. Retirees, their Family Members & Survivors: Cost-share--25% of the allowable charge.