



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS

16401 EAST CENTRETECH PARKWAY
AURORA, COLORADO 80011-9066

TRICARE
MANAGEMENT ACTIVITY

MB&RB

**CHANGE 84
6010.58-M
JULY 31, 2013**

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE REIMBURSEMENT MANUAL (TRM), FEBRUARY 2008**

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

CHANGE TITLE: FISCAL YEAR (FY) 2014 PRIME ENROLLMENT FEES

CONREQ: 16575

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change adds the Prime Enrollment Fees for FY 2014 to ensure the correct amounts are billed and collected by the Managed Care Support Contractors (MCSCs).

EFFECTIVE DATE: October 1, 2013.

IMPLEMENTATION DATE: October 1, 2013.

FAZZINI.ANN.NO
REEN.119980227
1

Digitally signed by
FAZZINI.ANN.NOREEN.1199802271
DN: c=US, o=U.S. Government, ou=DoD,
ou=PKI, ou=TMA,
cn=FAZZINI.ANN.NOREEN.1199802271
Date: 2013.07.29 14:46:47 -06'00'

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

ATTACHMENT(S): 2 PAGE(S)
DISTRIBUTION: 6010.58-M

CHANGE 84
6010.58-M
JULY 31, 2013

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

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			
EFFECTIVE DATE OF FEES	ACTIVE DUTY FAMILY MEMBERS (ADFM's)		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	None	None	\$269.28 per Retiree or Family Member \$538.56 Maximum per Family
FY 2014 - Present	None	None	\$273.84 per Retiree or Family Member \$547.68 Maximum per Family
EXCEPTIONS:			
<ol style="list-style-type: none"> 1. 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. 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 6010.58-M, February 1, 2008

Chapter 2, Addendum A

Benefits And Beneficiary Payments Under The TRICARE Program

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		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

3.0 OUTPATIENT SERVICES

BENEFICIARY COPAYMENT/COST-SHARE (SEE POS OPTION)					
TRICARE BENEFITS	TRICARE PRIME PROGRAM (SEE NOTE 5)			TRICARE EXTRA PROGRAM	TRICARE STANDARD PROGRAM
TYPE OF SERVICE (SEE NOTE 7)	ADFMS		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.	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 (see Note 2)	\$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).		