Take COMMAND
☆ ☆ ☆ Enhance Your TRICARE® Experience

Plan Comparison Chart

TRICARE Prime vs TRICARE Select

#takecommand

	TRICARE Prime			TRICARE Select		
	Current Plan	Starting January 1, 2018		Current Plan	Starting January 1, 2018	
		Group A	Group B		Group A	Group B
What is it?	A managed care option offering the most affordable and comprehensive coverage.			A fee-for-service plan available to all non-active duty beneficiaries. ■ Most freedom of choice of providers ■ High satisfaction rate among users		
What are the main features?	■ Enrollment required* ■ Enhanced vision coverage and preventive services ■ Most care received from your primary care manager (PCM) ■ Time and distance access standards ■ Fewer out-of-pocket costs ■ No claims to file (in most cases) *You do not need to re-enroll for January 1, 2018. If you are enrolled in TRICARE Prime on December 31, 2017, you will remain in TRICARE Prime.			■ Enrollment not required ■ Get care from any TRICARE-authorized provider, network or non-network ■ Referrals not required, but some care may require prior authorization ■ You may have to pay for services up front and file your own claims for reimbursement	■ Enrollment Required* ■ Get care from any TRICARE-authorized provider, network or non-network ■ Referrals not required, but some care may require prior authorization ■ You may have to pay for services up front and file your own claims for reimbursement *You do not need to enroll for January 1, 2018. If you are eligible for TRICARE on December 31, 2017 and not enrolled in TRICARE Prime, you will be converted to TRICARE Select. Once enrolled, you will not need to re-enroll each year. You will remain enrolled until you change your plan to Prime, disenroll, stop paying your enrollment fees, or lose eligibility.	
How do I get care?	Get most care from your assigned PCM. ■ Military or network provider. ■ Refers you to specialists for care he or she can't provide			Get care from any TRICARE-authorized provider, network or non-network. ■ Referrals not required. ■ Some services may require prior authorization.		
Will I have to file my own claims?	Your provider will file claims for you (in most cases).			Network providers will file claims for you. If you get care from a non-network provider, you may have to file your own claims.		
Do I have to enroll? What is the annual fee?	Enrollment is required ■ Active Duty Service Members: $0 ■ Active Duty Family Members: $0 ■ All Others: □ $282.60 Individual □ $565.20 Family	Enrollment is required* ■ Active Duty Service Members: $0 ■ Active Duty Family Members: $0 ■ All Others: □ $282.60 + plus cost of living adjustment Individual □ $565.20 + plus cost of living adjustment Family *You do not need to re-enroll for January 1, 2018. If you are enrolled in TRICARE Prime on December 31, 2017, you will remain in TRICARE Prime.	Enrollment is required* ■ Active Duty Service Members: $0 ■ Active Duty Family Members: $0 ■ All Others: □ $350 Individual □ $700 Family *You do not need to re-enroll for January 1, 2018. If you are enrolled in TRICARE Prime on December 31, 2017, you will remain in TRICARE Prime.	Enrollment is not required	Enrollment is required* ■ Active Duty Family Members: $0 ■ All Others: $0 *You do not need to enroll for January 1, 2018. If you are eligible for TRICARE on December 31, 2017 and not enrolled in TRICARE Prime, you will be converted to TRICARE Select. Once enrolled, you will not need to re-enroll each year. You will remain enrolled until you change your plan to Prime, disenroll, stop paying your enrollment fees, or lose eligibility.	Enrollment is required* ■ Active Duty Family Members: $0 ■ All Others: □ $450 Individual □ $900 Families *You do not need to enroll for January 1, 2018. If you are eligible for TRICARE on December 31, 2017 and not enrolled in TRICARE Prime, you will be converted to TRICARE Select. Once enrolled, you will not need to re-enroll each year. You will remain enrolled until you change your plan to Prime, disenroll, stop paying your enrollment fees, or lose eligibility.
What is the annual deductible?	No annual deductible unless you are using the point-of-service option*: ■ $300/Individual ■ $600/Family Note: Active duty service members can't use the point-of-service option. *The point-of-service option allows TRICARE Prime beneficiaries to see any TRICARE-authorized provider for routine or urgent care without a referral. See “What are the Point of Service Option fees?” question for more details.			■ 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 Note: The annual deductible is waived for Guard/Reserve family members whose sponsor was activated in support of a contingency operation.	■ 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 Note: The annual deductible is waived for Guard/Reserve family members whose sponsor was activated in support of a contingency operation.	■ 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*: □ Network: – $150 Individual – $300 Family □ Out-of-Network: – $300 Individual – $600 Family *Non-active duty family members are subject to separate in-network and out-of-network deductibles. Reaching the deductible level of one does not remove the need to pay for the other. Note: The annual deductible is waived for Guard/Reserve family members whose sponsor was activated in support of a contingency operation.

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How much do I pay for an outpatient visit?	**Network Provider:** ■ Active Duty Service Members: $0 ■ Active Duty Family Members: $0 ■ All Others: $12 **Non-network Provider:** ■ With PCM referral: Same as network provider costs ■ Without PCM referral: Point-of-service fees apply Note: Active duty service members may not use the point-of-service option.	**Network Provider:** ■ Active Duty Service Members □ Primary Care Manager: $0 □ Specialty Provider: $0 ■ Active Duty Family Members: □ Primary Care Manager: $0 □ Specialty Provider: $0 ■ All Others: □ Primary Care Manager: $20 □ Specialty Provider: $30 **Non-network Provider:** ■ With PCM Referral: Same as above ■ Without PCM Referral: Point-of-service fees apply Note: Active duty service members may not use the point-of-service option.	**Network Provider:** ■ Active Duty Service Members: □ Primary Care Manager: $0 □ Specialty Provider: $0 ■ Active Duty Family Members: □ Primary Care Manager: $0 □ Specialty Provider: $0 ■ All Others: □ Primary Care Manager: $20 □ Specialty Provider: $30 **Non-network Provider:** ■ With PCM Referral: Same as above ■ Without PCM Referral: Point-of-service fees apply Note: Active duty service members may not use the point-of-service option.	**Network Provider:** ■ Active duty family members: 15% of negotiated fee* ■ All others: 20% of negotiated fee* **Non-network Provider:** ■ Active duty family members: 20% of allowable charge* ■ All others: 25% of allowable charge* *After annual deductible is met	**Network Provider:** ■ Active Duty Family Members: □ Primary Care: $27* □ Specialty Provider: $34* ■ All Others: □ Primary Care Manager: $35* □ Specialty Provider: $45* **Non-network Provider:** ■ Active Duty Family Members: □ Primary Care: 20% of allowable charge* □ Specialty Provider: 20% of allowable charge* ■ All Others: □ Primary Care Manager: 25% of allowable charge* □ Specialty Provider: 25% of allowable charge* *After annual deductible is met	**Network Provider:** ■ Active Duty Family Members: □ Primary Care: $15* □ Specialty Provider: $25* ■ All Others: □ Primary Care Manager: $25* □ Specialty Provider: $40* **Non-network Provider:** ■ Active Duty Family Members: □ Primary Care: 20% of allowable charge* □ Specialty Provider: 20% of allowable charge* ■ All Others: □ Primary Care Manager: 25% of allowable charge* □ Specialty Provider: 25% of allowable charge* *After annual deductible is met
What are the Point-Of-Service Option fees?	The point-of-service option allows TRICARE Prime beneficiaries to see any TRICARE-authorized provider for routine or urgent care without a referral. ■ Outpatient Services: 50% of allowable charge* ■ Hospitalization: 50% of allowable charge* *After annual deductible for the Point-Of-Service Option is met. See “What is the Annual Deductible?” question for more details.			None. You do not need a referral, so there are no Point-Of-Service Option fees.		
What's the maximum I'll pay out-of-pocket? (Also known as the Catastrophic Cap.)	■ Active Duty Families: $1000* ■ All Others: $3000* *Per Calendar Year Note: Enrollment Fees do not count towards the out-of-pocket maximum	■ Active Duty Families: $1000* ■ All Others: $3000* *Per Calendar Year Note: Enrollment Fees do not count towards the out-of-pocket maximum	■ Active Duty Families: $1000* ■ All Others: $3500* *Per Calendar Year Note: Enrollment Fees do not count towards the out-of-pocket maximum	■ Active Duty Families: $1000* ■ All Others: $3000* *Per Calendar Year Note: Enrollment Fees do not count towards the out-of-pocket maximum	■ Active Duty Families: $1000* ■ All Others: $3000* *Per Calendar Year Note: Enrollment Fees do not count towards the out-of-pocket maximum	■ Active Duty Families: $1000* ■ All Others: $3500* *Per Calendar Year Note: Enrollment Fees do not count towards the out-of-pocket maximum
Where is the program available?	In the United States in Prime Service Areas, as well as eligible active duty service members and families in remote locations in the United States and overseas.			Worldwide		
How can I learn more?	Go to https://www.tricare.mil/changes/prime to learn more.			Go to https://www.tricare.mil/changes/select to learn more.		