



DEFENSE  
HEALTH AGENCY

**MB&RB**

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**CHANGE 143  
6010.58-M  
MARCH 28, 2017**

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

The Defense Health Agency has authorized the following addition(s)/revision(s).

**CHANGE TITLE: URGENT CARE CO-PAYMENT CLARIFICATION**

**CONREQ: 18442**

**PAGE CHANGE(S): See page 2.**

**SUMMARY OF CHANGE(S): This change removes "urgently needed care" from the Emergency Services benefits chart, adds "urgent care" to the Individual Provider Services and Outpatient Hospital Departments sections, which revises the policy to clearly note urgent care co-pays as \$12.**

**EFFECTIVE DATE: April 28, 2017.**

**IMPLEMENTATION DATE: April 28, 2017.**

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**REMOVE PAGE(S)**

**CHAPTER 2**

Addendum A, pages 1 through 4

**INSERT PAGE(S)**

Addendum A, pages 1 through 4

## Benefits And Beneficiary Payments Under The TRICARE Program

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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	None	None	\$273.84 per Retiree or Family Member \$547.68 Maximum per Family
FY 2015	None	None	\$277.92 per Retiree or Family Member \$555.84 Maximum per Family
<b>FY 2016 - Present</b>	<b>None</b>	<b>None</b>	<b>\$282.60 per Retiree or Family Member</b> <b>\$565.20 Maximum per Family</b>

**EXCEPTIONS:**

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		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 OPTION) (SEE NOTE 3)					
TRICARE BENEFITS	TRICARE PRIME PROGRAM (SEE NOTE 1)			TRICARE EXTRA PROGRAM	TRICARE STANDARD PROGRAM
TYPE OF SERVICE	ADFMs		RETIREES, THEIR FAMILY MEMBERS, & SURVIVORS		
	E1 - E4	E5 & ABOVE			
<b>INDIVIDUAL PROVIDER SERVICES</b> Office visits; <b>urgent care</b> ; 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.	<b>ADFMs:</b> Cost-share--15% of the fee negotiated by the contractor.  <b>Retirees, their Family Members, &amp; Survivors:</b> Cost-share--20% of the fee negotiated by the contractor.	<b>ADFMs:</b> Cost-share--20% of the allowable charge.  <b>Retirees, their Family Members, &amp; Survivors:</b> Cost-share--25% of the allowable charge.
<b>OUTPATIENT HOSPITAL DEPARTMENTS</b> Clinics visits; <b>urgent care</b> ; therapy visits; medical supplies; consultations; treatment room; etc. <b>Note:</b> 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.		
<b>ANCILLARY SERVICES</b> Refer to <a href="#">Section 1</a> for specific services considered as ancillary services.	\$0 copayment per visit.	\$0 copayment per visit.	No copayment (see Note 2).		
<b>OTHER RADIOLOGY SERVICES</b> Not considered as ancillary services.	\$0 copayment per visit.	\$0 copayment per visit.	\$12 copayment per visit.		

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**3.0 OUTPATIENT SERVICES (CONTINUED)**

<b>BENEFICIARY COPAYMENT/COST-SHARE (SEE POS OPTION) (SEE NOTE 3)</b>					
<b>TRICARE BENEFITS</b>	<b>TRICARE PRIME PROGRAM (SEE NOTE 1)</b>			<b>TRICARE EXTRA PROGRAM</b>	<b>TRICARE STANDARD PROGRAM</b>
<b>TYPE OF SERVICE</b>	<b>ADFMS</b>		<b>RETIREES, THEIR FAMILY MEMBERS, &amp; SURVIVORS</b>		
	<b>E1 - E4</b>	<b>E5 &amp; ABOVE</b>			
<b>ROUTINE PAP SMEARS</b> Frequency to depend on physician recommendations based on the published guidelines of the American Academy of Obstetrics and Gynecology (see Note 1).	No copayment.	No copayment.	No copayment.	\$0 cost-share.	\$0 cost-share.
<b>AMBULANCE SERVICES</b> 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.	<b>ADFMs:</b> Cost-share--15% of the fee negotiated by contractor.	<b>ADFMs:</b> Cost-share--20% of the allowable charge.
<b>EMERGENCY SERVICES</b> Emergency 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.	<b>Retirees, their Family Members, &amp; Survivors:</b> Cost-share--20% of the fee negotiated by the contractor.	<b>Retirees, their Family Members, &amp; Survivors:</b> Cost-share--25% of the allowable charge.
<b>DME, HEARING AIDS FOR ADFMs, AND MEDICAL SUPPLIES PRESCRIBED BY AN AUTHORIZED PROVIDER WHICH ARE COVERED BENEFITS</b> (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.		

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**3.0 OUTPATIENT SERVICES (CONTINUED)**

BENEFICIARY COPAYMENT/COST-SHARE (SEE POS OPTION) (SEE NOTE 3)					
TRICARE BENEFITS	TRICARE PRIME PROGRAM (SEE NOTE 1)			TRICARE EXTRA PROGRAM	TRICARE STANDARD PROGRAM
TYPE OF SERVICE	ADFMS		RETIREES, THEIR FAMILY MEMBERS, & SURVIVORS		
	E1 - E4	E5 & ABOVE			
<p><b>HOME HEALTH CARE</b> Part-time or intermittent skilled nursing and home health aide services, physical, speech, &amp; occupational therapy, medical social services, routine and non-routine medical services. <b>Note:</b> DME, osteoporosis drugs, pneumococcal 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.</p>	\$0 copayment.	\$0 copayment.	\$0 copayment.	\$0 cost-share.	\$0 cost-share.
<p><b>HOSPICE CARE</b> <b>Note:</b> A separate cost-share may be (optional) collected by the individual hospice for outpatient drugs and biologicals and inpatient respite care.</p>					
<p><b>WELL CHILD CARE</b> Up to the age of six.</p>	\$0 copayment per visit.	\$0 copayment per visit.	\$0 copayment per visit.		