

Active Duty Service Member and Active Duty Family Member Benefits			
	PRIME REMOTE		STANDARD
	SERVICE MEMBER	FAMILY MEMBER	FAMILY MEMBER
Enrollment required	Yes, unless on Early Eligibility TRICARE	Yes	No, but must be eligible in Defense Enrollment Eligibility Reporting System (DEERS)
Enrollment Fee	No	No	No
Primary Care Manager (PCM) Assigned	Must have an assigned network Primary Care Manager (PCM)	Must have an assigned network Primary Care Manager (PCM)	No, you may visit any TRICARE-authorized provider, network or non-network.
Deductibles	No	None, unless you use Point of Service (POS) Option or a non-network pharmacy.	E-4 and Below \$50/ Individual \$100/ family E-5 and Above \$150/ Individual \$300/Family Deductibles are waived if Mobilizing In Support of Contingency Operation
Co-Pays	None	None, except when using pharmacy benefit outside of a Military Treatment Facility	None
Civilian Outpatient Cost-shares	None	None, unless you use Point of Service (POS) Option or a non-network pharmacy.	15% of the negotiated fee is treated by a Network Provider. 20% of the allowable charge if you see a non-netork provider.
Civilian Inpatient Costs	None	None, unless using Point of Service (POS) Option	\$16.30/ day or \$25 per admission whichever is greater. No charge for seperately billed professional services
Mental health Inpatient costs	None, go to Military Treatment Facility or get prior authorization for civilian care	None, require prior authorization	\$20/ day or \$25 per admission, whichever is greater
Does the beneficiary have to file claims?	No	No, Network provider files claims beneficiary may have to file using non-network pharmacy, or POS option	No, if see a Network Provider. If you receive treatment from a non-network provider or pharmacy you may have to submit the claim.
Military Treatment Facility (MTF) Access	Yes, maybe required by Military Medical Support Office	Yes	Yes, if space is available
Civilian Equivalent	Managed care option similar to civilian (HMO)		Network Provider is equivalent to a Preffered Provider Organization (PPO). Non-Network is Fee- for-Service Option.
Advantages	As long as you see your assigned Primary Care Manager for routine care and get referrals approved by TRICARE for speciality care your care is fully covered, you should not receive a bill for any care provided.		Freedom to choose from larger pool of TRICARE-authorized providers. If use Network providers you have a discounted cost share (5%) and no claims to file

* Point of Service Option (POS) allows beneficiaries enrolled in one of the Prime options (TRICARE Prime, TRICARE Prime Remote, TRICARE Prime Overseas or TRICARE Prime Remote Overseas) to receive non-emergency, TRICARE-covered services from any TRICARE-authorized provider without a referral. The Point of Service Option option has higher out-of-pocket costs.

Annual Point of Service Option Deductible is \$300 per indivual or \$600 per family. Point of Service Option Cost-share for out-patient visits are 50% of the allowable charge after the deductible is met. Point of Service Option Cost-shares for Inpatient Admissions/ Hospitalizations are 50% of the allowable charge.