

Post Mobilization Transitional Assistance Management Program (TAMP) Service Member and Family Member Benefits		
	STANDARD	PRIME
Enrollment required	No, but must be eligible in Defense Enrollment Eligibility Reporting System (DEERS)	Yes
Enrollment Fee/ Monthly Premium	No	No
Primary Care Manager (PCM) Assigned	No, you may visit any TRICARE-authorized provider, network or non-network.	Must have an assigned network Primary Care Manager (PCM)
Deductibles	E-4 and Below \$50/ Ind \$100/ fam	E-5 and Above \$150/ Ind \$300/Fam
Co-Pays	None	None, unless you use Point of Service (POS) Option or a non-network pharmacy.
Civilian Outpatient Cost-shares	15% of the negotiated fee is treated by a Network Provider. 20% of the allowable charge if you see a non-netork provider.	None, unless you use Point of Service (POS) Option or a non-network pharmacy.
Civilian Inpatient Costs	\$16.30/ day or \$25 per admission whichever is greater. No charge for seperately billed professional services	None, unless using Point of Service
Mental health Inpatient costs	\$20/ day or \$25 per admission, whichever is greater	None, require prior authorization
Does the beneficiary have to file claims?	No, if see a Network Provider. If you receive treatment from a non-network provider or pharmacy you may have to submit the claim.	No, Network provider files claims beneficiary may have to file using non-network pharmacy, or Point of Service option
Civilian Equivalent	Network Provider is equivalent to a Preffered Provider Organization (PPO). Non- Network is Fee- for-Service Option.	Managed care option similar to civilian Health Maintianence Organization (HMO)
Advantages	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	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.
<p>* 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.</p> <p>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.</p>		