

TRICARE Reserve Select Comparison Chart

	TRICARE Standard and Extra	TRICARE Reserve Select
Plan Description	<p>Fee-for-service or indemnity option</p> <p>TRICARE Standard and Extra are not available for active duty Service members (ADSMs).</p> <p>In general, the following are eligible for TRICARE Standard and Extra:</p> <ul style="list-style-type: none"> • Active duty family members • Retirees and their family members under age 65 • Survivors under age 65 • Certain former spouses under age 65 • Medal of Honor recipients and their families under age 65 • Family members of National Guard or Reserve members who are activated for more than 30 consecutive days 	<p>TRICARE Reserve Select (TRS) is a premium-based TRICARE health plan, similar to TRICARE Standard, offered for purchase to qualified Reserve Component (RC) members and their families once their TRICARE Prime eligibility expires.</p>
Provider Type	<ul style="list-style-type: none"> • TRICARE authorized network or non-network provider • MTF provider on a space-available basis 	<ul style="list-style-type: none"> • TRICARE-authorized network or non-network provider • MTF provider on a space-available basis
Access to Care	<ul style="list-style-type: none"> • No enrollment required • Beneficiary chooses care from any TRICARE-authorized provider – network or non-network • May access care from a MTF on a space-available basis • Referral for specialty care not required 	<ul style="list-style-type: none"> • Member must qualify and purchase TRS • Member chooses care from any TRICARE-authorized provider – network or non-network • May access care from a MTF on a space-available basis • Referral for specialty care not required
Provider Responsibility	<ul style="list-style-type: none"> • Network provider files claims on behalf of beneficiary • Prior authorization required for some services – refer to the Prior Authorization List at www.triwest.com 	<ul style="list-style-type: none"> • Network providers file claims on behalf of beneficiary • Prior authorization required for some services – refer to the Prior Authorization List at www.triwest.com
Beneficiary Responsibility	<ul style="list-style-type: none"> • Ensure provider is TRICARE-authorized • If the provider files claims on behalf of the beneficiary, the beneficiary 	<ul style="list-style-type: none"> • Must enter into a Service Agreement to serve in the Selected Reserves for one or more whole years. • Select a type of coverage: TRS



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	<p>pays cost-shares and deductibles to provider.</p> <ul style="list-style-type: none"> • If the non-network provider chooses not to file claims on behalf of beneficiary, providers statutorily required to receive no more than 115% of TRICARE allowable charge for care received. • If the non-network provider chooses not to file claims on behalf of the beneficiary, the beneficiary pays provider and files claims to TRICARE for reimbursement. 	<p>member-only OR TRS member and family</p> <ul style="list-style-type: none"> • Ensure provider is TRICARE-authorized • If the non-network provider files claims on behalf of the Member, pay cost-shares and deductibles to provider • If the non-network provider files claims on behalf of the Member, providers statutorily required to receive no more than 115% of TRICARE allowable charge for care received.
<p>Cost to Beneficiaries</p> <p>Note: Deductibles and cost shares are subject to change annually, as of October 1.</p>	<ul style="list-style-type: none"> • Annual deductible: \$150/individual, \$300 family (E-5 & above); \$50/\$100 (E-4 & below) • Cost share 15% of provider's contractual rate (network provider) or 20% of allowable charge (non-network provider) • Catastrophic cap: \$1,000 per active duty family per fiscal year; \$3,000 per retired family per fiscal year • No cost shares for Routine immunizations; Well child visits for children under six years of age; Preventive screenings for Colorectal Cancer, Breast Cancer, Cervical Cancer, and Prostate Cancer Screening • There are no out-of-pocket costs for beneficiaries for care received at an MTF. 	<ul style="list-style-type: none"> • Annual deductible: \$150/individual, \$300 family (E-5 & above); \$50/\$100 (E-4 & below) • Cost share 15% of provider's contractual rate (network provider) or 20% of allowable charge (non-network provider) • Catastrophic cap: \$1,000 per active duty family per fiscal year • There is no out-of-pocket costs for members for care received at an MTF • Additional information about costs for covered services is available online at www.tricare.osd.mil/tricarecost
<p>Program Advantages</p>	<p>Freedom to choose from any TRICARE-authorized provider for covered care. Some care may require prior authorization.</p>	<p>Freedom to choose from any TRICARE-authorized provider for covered care. Some care may require prior authorization.</p>
<p>Overseas Access</p>	<p>TRICARE Standard is available in U.S. territories and overseas through the TRICARE Standard Overseas Program. TRICARE Extra is not available overseas.</p>	<p>TRS is available worldwide, but network providers are not available overseas. RC members and their family members will access care from host nation (non-network) providers.</p>

