

TRICARE Prime and Select comparison

TRICARE Prime



Similar to a managed care or Health Maintenance Organization (HMO) option. Available in specific geographic areas known as Prime Service Areas (PSA).

Note: Most Active Duty Service Members (ADSM) assigned to a military base will be under the Supplement Health Care Program (SHCP).

Eligibility: Available to ADSMs and their families, retired service members and their families, eligible former spouses and survivors under age 65, as well as individuals age 65 or older who are not entitled to premium-free Medicare Part A. Eligible young adults (under age 26) may enroll in TRICARE Young Adult (TYA) Prime.

Receiving care: Eligible beneficiaries are assigned a Primary Care Manager (PCM) at a military hospital or clinic or can select a civilian PCM. PCM referrals required for most specialty care.

TRICARE Prime Remote (TPR)



Similar to TRICARE Prime for ADSMs living and working in remote locations and the eligible family members residing with the sponsor.

Eligibility: Available to ADSMs and their families who live and work more than 50 miles or a one-hour drive time from a military hospital or clinic.

Receiving care: Eligible beneficiaries select a civilian PCM. Care is received from TRICARE network providers (or TRICARE-authorized non-network providers if a network provider is unavailable.)

TRICARE Select



Self-managed preferred provider network plan similar to the former TRICARE Standard/Extra programs

Eligibility: Available to all TRICARE-eligible beneficiaries who do not elect Prime-except ADSMs. Eligible young adults (under age 26) may enroll in TYA.

Receiving care: TRICARE-authorized and network providers. Some services require prior authorization. No referrals required. Higher copays or cost-shares than with Prime. Lower cost-shares when seeing network providers.

TRICARE Reserve Select (TRS)



Premium-based healthcare plan that qualified Selected Reserve of the Ready Reserve members may purchase for themselves and/or their family members. Coverage and costs for care similar to TRICARE Select for Active Duty Family Members (ADFM).

Eligibility: Available to members of the National Guard and Reserve who meet specific eligibility requirements.

Receiving care: TRICARE-authorized providers (network or non-network). Some services require prior authorization. No referrals required. Most clinical preventive services available at no cost.

TRICARE Retired Reserve (TRR)



Premium-based healthcare plan that qualified retired reserve members may purchase for themselves and/or their family members. Coverage and costs for care similar to TRICARE Select for retirees.

Eligibility: Available to National Guard and Reserve retirees who are age 60 or younger.

Receiving care: Receive care from TRICARE-authorized providers (network or non-network). Some services require prior authorization. No referrals required. Most clinical preventive services available at no cost.

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Cost of healthcare

	Beneficiary type	Enrollment fee	Deductible	Cost-share/Copay
TRICARE Prime	ADFM	None	None	None
	Retired	Quarterly/Yearly options	None	Copay, varies based on services
TPR	ADSM and ADFM	None	None	None
TRICARE Select	ADFM	None	Yes, varies based on pay grade	Cost-share, after deductible is met
	Retired	None for group A until 2021 Yes for group B	Yes	Cost-share, after deductible is met
TRS	Eligible Guard/Reserve	Monthly	Yes	Cost-share, after deductible is met
TRR	Eligible Retired Guard Reserve	Monthly	Yes	Cost-share, after deductible is met

Military identification cards

ADSMs, family members over age 10, retirees and family members will have one of two valid military ID cards displayed below. Providers should ensure patients have a valid military ID card or authorization letter of eligibility. Be sure to check the expiration date and you may choose to make a copy of both sides of the ID card for your patient files. An ID alone is not proof of eligibility. See the verifying eligibility section below for more information.

- **DOD Benefits Number (DBN)/Member ID or Social Security Number (SSN) or sponsor SSN:** Providers may verify the beneficiary's eligibility using the information supplied on the card. As new military ID cards are issued, a new member ID will replace the sponsor SSN. This new member ID can still be used to verify eligibility. Humana Military's web-based eligibility check option allows you to use either the sponsor SSN or the new member ID to verify eligibility (or a current referral authorization number).
- **Expiration date:** Check the date in the expiration date box on the ID card. If expired, the beneficiary must update

his or her information in the Defense Enrollment Eligibility Reporting System (DEERS) and be issued a valid card

- **Civilian:** Check the back of the ID card to verify eligibility for TRICARE civilian care. The center section of the card should read yes in the civilian box

Note: Beneficiaries who are dual-eligible will have Medicare Part A and Part B and TRICARE. Military ID cards will be similar. An eligibility check will verify TRICARE coverage as secondary.

Here's a list of possible ID numbers you may encounter:

- **SSN:** Nine-digit number no longer on ID cards, which is acceptable for claims submissions
- **DBN:** 11-digit number on the back of some ID cards, which is acceptable for claims submissions (do not include any dashes)

Please review your systems to ensure that your claims submissions contain the appropriately formatted nine-digit SSN or 11-digit DBN. If you have any questions, please call Humana Military customer service at (800) 444-5445.

