

HIT1
(frente)

Nombres de los Planes de TRICARE

- A. TRICARE for Life
- B. TRICARE Plus
- C. TRICARE Prime
- D. TRICARE Extra
- E. TRICARE Standard
- F. TRICARE Pharmacy / TRICARE Senior Pharmacy
- G. TRICARE Dental Program
- H. TRICARE Retiree Dental Program
- I. TRICARE Reserve Select (TRS)

HIT1

(atrás)

Tarjeta de Información al Beneficiario para TRICARE For Life

FRENTE DE LA TARJETA

TRICARE For Life

To Provider: File claims in the usual manner to Medicare.

To Patient : *Services that are a benefit of both Medicare and TRICARE* :No deductible or cost share is required.

Medicare only benefit :Medicare deductible and cost share required.

TRICARE only benefit:TRICARE deductible and cost share required.

For benefit questions call 1-888-DoD-LIFE (1-888-363-5433) www.tricare.osd.mil

For more information call 1-800-977-6753

www.hnfs.net

PARTE DE ATRÁS DE LA TARJETA

TRICARE Senior Pharmacy

Military Treatment Facility: No Co-pay

National Mail Order Pharmacy: \$3 generic;\$9 brand name
(90 day supply)

TRICARE Network Pharmacy: \$3 generic;\$9 brand name
(30 day supply)

TRICARE Non-network Pharmacy: \$9 or 20%of cost (30 day supply)
\$150/person or \$300/family
annual deductible applies.

For pharmacy questions call 1-877-DoD-MEDS (1-877-363-6337)

(Co-pays subject to change)