U.S.C. 3501–3511), because beneficiaries will be required to enroll. Information collection requirements are under review.

This is a proposed rule. Public comments are invited. All comments will be considered. A discussion of the major issues raised by public comments

will be included with issuance of the final rule, anticipated approximately 60 days after the end of the comment period.

TABLE 1.—CONSOLIDATED SCHEDULE OF BENEFICIARY CHARGES

	TRICARE prime	TRICARE standard	Medicare eligible beneficiaries
Services from TRICARE Network Providers.	Uniform HMO Benefit cost sharing applies (see Table 4), except unauthorized care covered by point-of-service rules.	TRICARE Extra cost sharing applies (see Table 2).	Cost sharing for Medicare participating providers generally applies.
Services from non-network providers.	TRICARE Prime point-of-service rules apply: deductible of \$300 per person or \$600 per family; cost share of 50 percent.	Standard CHAMPUS cost sharing applies.	Standard Medicare cost sharing applies.
Internal resource sharing agreements.	Same as military facility cost sharing.	Same as military facility cost sharing.	Where applicable, same as military facility cost sharing.
External resource sharing agreements.	For professional charges, same as military facility cost sharing; for facility charges, same as Uniform HMO Benefit cost sharing.	For professional charges, same as military facility cost sharing; for facility charges, same as TRICARE Extra cost sharing.	Where applicable, for professional charges, same as military facility cost sharing; for facility charges, same as standard Medicare cost sharing.
PRIMUS and NAVCARE Clinics established before October 1, 1994.	Same as military facilities	Same as military facilities	Same as military facilities.
PRIMUS and NAVCARE Clinics established after September 30, 1994.	Uniform HMO Benefit outpatient cost sharing applies.	Uniform HMO Benefit outpatient cost sharing applies.	Uniform HMO Benefit outpatient cost sharing applies.
Prescription drugs from civilian pharmacies.	As specified in Uniform HMO Benefit (see Table 4).	For retail pharmacy network, 20 percent cost share; for mail service pharmacy, \$4 per prescription for active duty dependents; \$8 per prescription for retirees, their dependents and survivors.	In facility closure cases: from retail pharmacy network, 20 percent cost share; from mail service pharmacy, \$8 per prescription; no deductible.
Outpatient services in military facilities.	No charge	Same as TRICARE Prime	Same as TRICARE Prime.
Inpatient services in military facilities.	Applicable daily subsistence charges.	Same as TRICARE Prime	Same as TRICARE Prime.

TABLE 2.—PROPOSED TRICARE TRIPLE OPTION PROGRAM

	TRICARE standard	TRICARE extra	TRICARE prime
ENROLLMENT FEE	NONE	NONE	ACT DUTY DEPS—NONE OTH- ERS—\$230 INDIVIDUAL, \$460 FAMILY.
OUTPATIENT DEDUCTIBLE	\$300 FAMILY (\$100 E4 & BELOW).	SAME AS STANDARD CHAMPUS.	NONE.
OUTPATIENT SERVICES COST SHARES, INCLUDING MEN- TAL HEALTH, EMERGENCY SERVICES, ETC.	AFTER DEDUCTIBLE OTH-		UNIFORM HMO BENEFIT
INPATIENT COST SHARES, IN- CLUDING MATERNITY AND SKILLED NURSING FACILI- TIES, NOT INCLUDING MEN- TAL HEALTH.	MISSION OR CURRENT PER	STANDARD CHAMPUS OTH-	OTHERS—SAME AS ACT
AMBULATORY SURGERY		ACT DUTY DEPS—\$25 COPAY OTHERS—20% COPAY AFTER DEDUCTIBLE.	ACT DUTY DEPS—\$25 COPAY OTHERS—SAME AS ACT DUTY DEPS.
PRESCRIPTION DRUG BENE- FITS.	ACT DUTY DEPS—20% COPAY AFTER DEDUCTIBLE OTH- ERS—25% OF ALLOWABLE CHARGES.	ACT DUTY DEPS—15% COPAY AFTER DEDUCTIBLE; NO DE- DUCTIBLE IF NETWORK PHARMACY OTHERS—20% COPAY AFTER DEDUCTIBLE; NO DEDUCTIBLE IF NET-	

WORK PHARMACY.