

TABLE 2.—PROPOSED TRICARE TRIPLE OPTION PROGRAM—Continued

	TRICARE standard	TRICARE extra	TRICARE prime
HOSPITALIZATION FOR MENTAL ILLNESS AND SUBSTANCE USE.	ACT DUTY DEPS—\$25 PER ADMISSION OR \$20 PER DIEM WHICHEVER IS GREATER OTHERS—LESSER OF APPLICABLE PER DIEM (\$132 IN FY 1995) OR 25% OF INSTITUTIONAL CHARGES, PLUS 25% OF PROFESSIONAL CHARGES.	ACT DUTY DEPS—SAME AS TRICARE STANDARD OTHERS—20% OF INSTITUTIONAL AND PROFESSIONAL CHARGES.	ACT DUTY DEPS—SAME AS TRICARE STANDARD OTHERS—\$40 PER DIEM.

Note: THIS CHART IS FOR ILLUSTRATIVE PURPOSES ONLY. IT DOES NOT INCLUDE ALL DETAILS OF BENEFITS AND COPAYMENTS.

TABLE 3.—UNIFORM HMO BENEFIT FEE AND COPAYMENT SCHEDULE

	ADDs E4 and below	ADDs E5 and above	Retirees, deps, and survivors
Annual Enrollment Fee	\$0/\$0	\$0/\$0	\$230/\$460
Outpatient Visits, Including Separate Radiology or Lab Services, Family Health, and Home Health Visits	6	12	12
Emergency Room Visits	10	30	30
Mental Health Visits, Individual	10	20	25
Mental Health Visits, Group	6	12	17
Ambulatory Surgery	25	25	25
Prescriptions	5	5	9
Ambulance Services	10	15	20
DME, Prostheses, Supplies	¹ 10	¹ 15	¹ 20
Inpatient Per Diem, General	² 11	² 11	² 11
Inpatient Per Diem, MH/Substance Use	² 20	² 20	40

¹ Percent.

² Minimum \$25 per admission.

List of Subjects in 32 CFR Part 199

Claims, Handicapped, Health insurance, and Military personnel.

Accordingly, 32 CFR part 199 is proposed to be amended as follows:

PART 199—[AMENDED]

1. The authority citation for part 199 continues to read as follows:

Authority: 5 U.S.C. 301, 10 U.S.C. 1079, 1086.

2. Section 199.1 is proposed to be amended by adding a new paragraph (r), to read as follows:

§ 199.1 General provisions.

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(r) *TRICARE Program.* Many rules and procedures established in sections of this part are subject to revision in areas where the TRICARE Program is implemented. The TRICARE Program is the means by which managed care activities designed to improve the delivery and financing of health care services in the Military Health Services System (MHSS) are carried out. Rules and procedures for the TRICARE Program are set forth in § 199.17.

3. Section 199.2(b) is proposed to be amended by adding the following

definitions and placing them in alphabetical order to read as follows:

§ 199.2 Definitions.

* * * * *

(b) * * *

External Resource Sharing Agreement. A type of External Partnership Agreement, established in the context of the TRICARE program by agreement of a military treatment facility commander and an authorized TRICARE contractor. External Resource Sharing Agreements may incorporate TRICARE features in lieu of standard CHAMPUS features that would apply to standard External Partnership Agreements.

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Internal Resource Sharing Agreement. A type of Internal Partnership Agreement, established in the context of the TRICARE program by agreement of a military treatment facility commander and an authorized TRICARE contractor. Internal Resource Sharing Agreements may incorporate TRICARE features in lieu of standard CHAMPUS features that would apply to standard Internal Partnership Agreements.

NAVCARE Clinics. Contractor owned, staffed, and operated primary clinics exclusively serving uniformed services

beneficiaries pursuant to contracts awarded by a Military Department.

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PRIMUS Clinics. Contractor owned, staffed, and operated primary care clinics exclusively serving uniformed services beneficiaries pursuant to contracts awarded by a Military Department.

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TRICARE Program. The program established under § 199.17.

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TRICARE Extra Plan. The health care option, provided as part of the TRICARE Program under § 199.17, under which beneficiaries may choose to receive care in facilities of the uniformed services, or from special civilian network providers (with reduced cost sharing), or from any other CHAMPUS-authorized provider (with standard cost sharing).

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TRICARE Prime Plan. The health care option, provided as part of the TRICARE Program under § 199.17, under which beneficiaries enroll to receive all health care from facilities of the uniformed services and civilian network providers (with civilian care subject to substantially reduced cost sharing).

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