



Increasing Knowledge
of Rare Disease Health
Care Coverage

TRICARE Overview

TRICARE is the uniformed services health care program for active-duty service members, active-duty family members (ADFM), National Guard and Reserve members and their family members, retirees and retiree family members, survivors, and certain former spouses worldwide.

TRICARE plans cover treatments, procedures, drugs, or devices (benefits) that are **medically necessary**. You can use the [TRICARE Covered Services](#) tool to see if something is covered or not. To check if your prescription drugs are covered, visit the [TRICARE Formulary](#).

Those eligible for TRICARE include:

- [Active-duty service members and families](#)
- [National Guard/Reserve members and families](#)
- [Retired service members and families](#)
- [Retired Reserve members and families](#)
- [Beneficiaries eligible for TRICARE and Medicare](#)
- [Survivors](#)
- [Children](#)
- [Former spouses](#)
- [Medal of Honor recipients and families](#)
- [Dependent parents and parents-in-law](#)
- [Foreign Force members and families](#)

How do I enroll in TRICARE?

Once you know your plan, visit the [TRICARE Enrollment page](#) for steps on how to enroll or purchase a plan.

Where can I get care?

The Military Health System (MHS) is a global, comprehensive, integrated system. You may be able to get care from a military hospital or clinic, a civilian network of providers, or TRICARE-authorized non-network providers.

Military hospitals and clinics

The Department of Defense (DoD) operates many military hospitals and clinics. You may be able to seek care there. It depends on where you are, what plan you have, and your beneficiary category. [Learn More](#)

Civilian Network

You can also seek care from a civilian network of TRICARE-authorized providers. This network depends on what region you are in. [Learn More](#)

To search for a provider in one of our provider directories, visit the Find a Doctor tool to get you to the right directory for you. [Learn More](#)

Note: You may be able to see a non-network TRICARE-authorized provider. An authorized provider is any individual, institution/organization, or supplier that is licensed by a state, accredited by a national organization, or meets other standards of the medical community, and is certified to provide benefits under TRICARE. There are two types of TRICARE authorized providers: Network and Non-Network depending on your TRICARE plan. But you may have higher costs and you may have to file your own claims. [Learn More](#)

What plans can I choose from?

There are a number of TRICARE plans available. Remember that your eligibility for these plans depends on who you and your sponsor are. [Plan Finder](#) and [Compare Plans](#) are useful tools on TRICARE's website. To learn more about each plan, select from the list below:

- [TRICARE Prime](#)
- [TRICARE Prime Remote](#)
- [TRICARE Prime Overseas](#)
- [TRICARE Prime Remote Overseas](#)
- [TRICARE Select](#)
- [TRICARE Select Overseas](#)
- [TRICARE For Life](#)
- [TRICARE Reserve Select](#)
- [TRICARE Retired Reserve](#)
- [TRICARE Young Adult](#)
- [TRICARE Plus](#)
- [US Family Health Plan](#)

IMPORTANT! If you are being treated for chronic, high-risk, high-cost, catastrophic or terminal illnesses, you can get case management services at no extra cost.

To locate a case manager, contact:

- [Your regional/program contractor](#)
- [Your military hospital or clinic](#)
- [A beneficiary counseling and assistance coordinator](#)

How much does TRICARE cost?

Each TRICARE plan has different costs for care and coverage. You can use the [TRICARE Compare Cost](#) tool to view and compare costs for covered services, enrollment, and plan premiums.

Resources

TRICARE 101: <https://www.tricare.mil/Plans/New>

Patient Resources: <https://www.tricare.mil/PatientResources>

Rights and Responsibilities: <https://tricare.mil/PatientResources/RightsResponsibilities>