**TRICARE Prime Travel Benefit Vignettes**

The following vignettes are short stories designed to assist beneficiaries understand the TRICARE Prime Travel Benefit (PTB). They are not in reference to any particular circumstance or persons. All names and situations are fictional.

**Vignette #1:**

1stLt Jones’ minor child required abdominal surgery. The primary care physician referred her for specialty care. Specialty care was not available within 100 miles (determined by the Utilization Department). 1stLt Jones requested PTB for both his daughter and himself. All paperwork was correctly filled out and submitted 14 days in advance. PTB travel was approved.

* Referred specialty care was not available within 100 miles.
* Paperwork was submitted 14 days in advance and received authorization prior to travel.
* 1stLt was Non-Medical Attendant (NMA) for dependent minor child.
* Voucher was completed upon return. Receipts and proof of appointment were provided.

**Vignette #2:**

LT Smith required orthopedic surgery. His primary care physician referred him for specialty care. Specialty care was not available within 100 miles (determined by the Utilization Department). However, LT Smith was not eligible for PTB.

* Active Duty patients are not eligible for (PTB) as they must coordinate all travel through their commands.

**Vignette #3:**

Dependent spouse Ms. Burns received a referral for neurology care. Specialty care was not available within 100 miles (determined by the Utilization Department). Ms. Burns was referred to a specialty hospital just outside the 100-mile radius. However, Ms. Burns did not like the facility or doctor, called Health Net, and asked for her referral to be changed to another hospital for convenience. Ms. Burns and her Active Duty spouse applied for PTB as patient and NMA. PTB was denied for both.

* PTB must be executed at the lowest cost to the government.
* PTB must be referred to the most appropriate facility closest to the Primary Care Manager.
* Ms. Burns requested a transfer for convenience, and not medical necessity. Medical necessity was determined during the referral process.
* Since the referral was for convenience and by spouse’s decision, NMA does not qualify for PTB.

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**Vignette #4:**

Government Service spouse Mr. Decker was referred for pain management. Specialty care was available within 100 miles (determined by the Utilization Department), but Mr. Decker requested a specific doctor over 100 miles away. Mr. Decker was not approved for PTB.

* Specialty care was available within 100 miles and spouse was not eligible for PTB.

**Vignette #5:**

Spouse Ms. Sharpe was referred for OB/GYN services. Specialty care was not available within 100 miles (determined by the Utilization Department). She turned in her paperwork in advance and was approved for PTB. Ms. Sharpe brought her two children with her. When filing her voucher paperwork, Ms. Sharpe provided itemized receipts and the proof of appointment. However, when she was reimbursed, she became very upset – it appeared she was not fully reimbursed for meals.

* Only the patient and NMA are eligible for PTB, including meals.

**Vignette #6:**

Dependent minor son David was referred for orthopedic services. Specialty care was not available within 100 miles (determined by the Utilization Department). His mother was designated as the NMA. They attended the specialty appointment. However, they turned in paperwork and receipts after the appointment. David’s family was not reimbursed for hotel costs, and only limited costs for mileage and meals.

* Travel paperwork must be submitted and approved, 14 days in advance, to ensure proper reimbursement.