

TRICARE® Benefits/Programs for the National Guard and Reserve During Early Eligibility and Activation

Your Options for Coverage During Early Eligibility and Activation

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- **ATTENTION PRESENTER:** To ensure that TRICARE beneficiaries receive the most up-to-date information about their health benefit, visit www.tricare.mil/briefings for the latest version of all briefings before each presentation. Briefings are continuously updated as benefit changes occur.
- **Presenter Tips:**
 - Review briefing with notes prior to your presentation.
 - Ensure “slide show” setting.
 - Remove any slides that don’t apply to your audience.
- **Estimated Briefing Time:** 45 minutes
- **Target Audience:** Members of the National Guard and Reserve during early eligibility and when called or ordered to active duty for more than 30 consecutive days
- **TRICARE Resources:** Visit www.tricare.mil/publications to view, print, or download TRICARE educational materials. Suggested resources include *TRICARE Choices for National Guard and Reserve Handbook*, *TRICARE Plans Overview Fact Sheet*, and *TRICARE Costs and Fees Sheet*.
- **Briefing Objectives:**
 - Increase awareness of TRICARE eligibility and active duty benefits for National Guard and Reserve members and families.
 - Inform beneficiaries of the necessary steps for accessing the TRICARE benefit.
- **Optional Presenter Comments:** Welcome to the *TRICARE Benefits/Programs for the National Guard and Reserve during Early Eligibility and Activation* briefing. The goal of today’s presentation is to explain how to use the TRICARE benefit during early eligibility and when called or ordered to active duty for more than 30 consecutive days.

Today's Agenda

- What Is TRICARE?
- TRICARE Eligibility
- Medical Coverage
- Other Important Information
- For Information and Assistance

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- Today, we'll discuss what TRICARE is, how to establish eligibility, and the medical coverage available while transitioning out of active duty service.
- We'll also cover other important information, including overviews of pharmacy options, dental programs, and survivor benefits.
- Finally, we'll provide important resources for assistance and to find answers to any additional questions.
 - To learn more about TRICARE options, go to www.tricare.mil.
 - To get TRICARE news and publications by email, sign up at www.tricare.mil/subscriptions.
 - To sign up for emails about your eligibility and enrollment changes, go to <https://milconnect.dmdc.osd.mil>.

What Is TRICARE?

- **Optional Presenter Comment:** First, we'll discuss what TRICARE is.

What Is TRICARE?

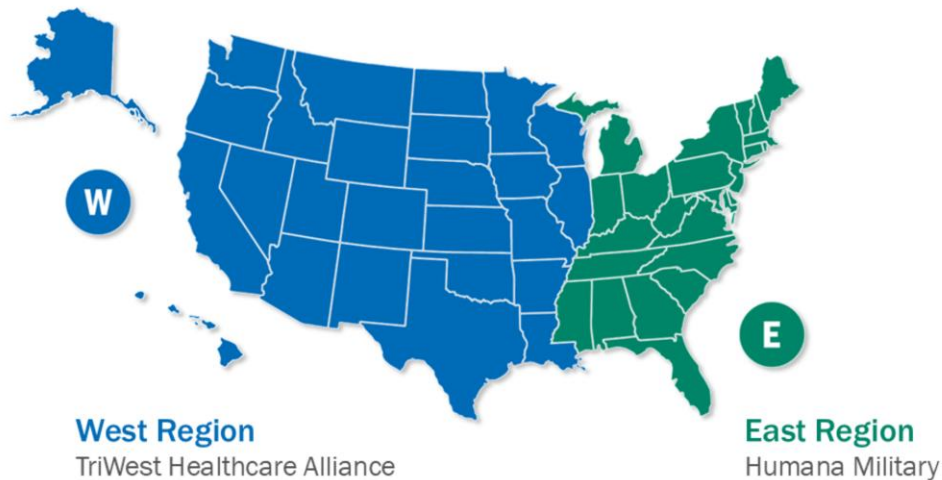


- TRICARE is the health care program for the U.S. Department of Defense. It consists of:
 - Direct care
 - Civilian care
- TRICARE® is the brand name for the U.S. Military Health System.

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- TRICARE is the uniformed services health care program for active duty service members, active duty family members, eligible National Guard and Reserve members and their families, retirees and retiree family members, survivors, and certain former spouses worldwide.
- TRICARE brings together the health care delivery resources of the U.S. Military Health System—such as military hospitals and clinics—with TRICARE-authorized providers in civilian health care, network and non-network. The term, “health care providers,” includes health care professionals, facilities, pharmacies, and suppliers.

TRICARE Stateside Regions



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- TRICARE is available worldwide and administered regionally. There are two TRICARE regions in the U.S.—TRICARE East and TRICARE West—and one Overseas region with three areas—TRICARE Eurasia-Africa, TRICARE Latin America and Canada, and TRICARE Pacific.
- Benefits are the same regardless of where you live, but there are different customer service contacts for each region.
- TriWest Healthcare Alliance administers the benefit in the West Region, and Humana Military administers the benefit in the East Region. Both regional contractors partner with the Military Health System to provide health, medical, and administrative support, including customer service, claims processing, and pre-authorizations for certain health care services.
- Another contractor, International SOS Government Services, LLC, administers TRICARE overseas and in U.S. territories.
- And separate contractors administer dental and pharmacy benefits.
- Each regional contractor has a website and call center to help with your questions. I'll share this contact information at the end of this presentation.

TRICARE Overseas Program

Latin America and Canada

Canada, the Caribbean Basin, Central and South America, Puerto Rico, and the U.S. Virgin Islands

Eurasia-Africa

Africa, Europe, and the Middle East

Pacific

American Samoa, Asia, Australia, Guam, India, Japan, New Zealand, Northern Mariana Islands, South Korea, and Western Pacific remote countries



- The TRICARE Overseas Program is made up of one overseas region divided into three geographic areas: Latin America and Canada, Eurasia-Africa, and the Pacific.
- International SOS Government Services, LLC, or International SOS, is the contractor for the TRICARE Overseas Program.
- Each overseas region is managed by a TRICARE Area Office. This office is located in each overseas area to ensure operational support to military hospitals and clinics and TRICARE beneficiaries in their geographic areas.
- Contact information will be provided at the end of this presentation.

TRICARE Eligibility

- **Optional Presenter Comment:** We'll now discuss TRICARE eligibility.

Keep DEERS Information Up To Date



Being able to use TRICARE depends on keeping the Defense Enrollment Eligibility Reporting System up to date.

Update DEERS after you have a life event, like getting married or divorced, moving, giving birth, adopting a child, retiring, and other changes.



Go to an ID Card Office
(<https://idco.dmdc.osd.mil/idco>)

Note: You must use this option to add family members in DEERS.



Log in to <https://milconnect.dmdc.osd.mil>.



Call 800-538-9552.

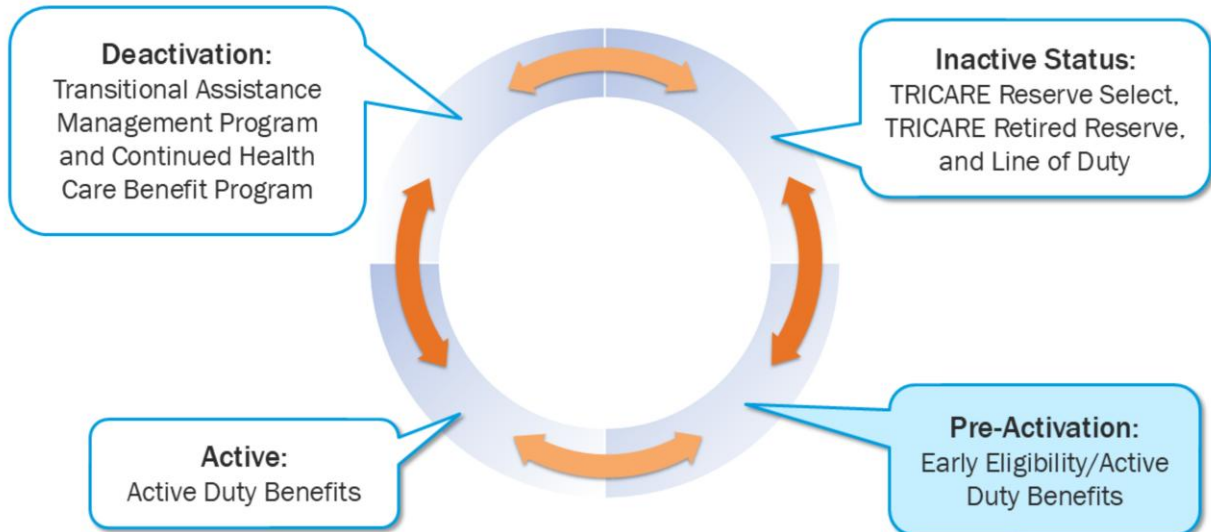


Fax 800-336-4416.

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- The Defense Enrollment Eligibility Reporting System, or DEERS, is a database of service members and dependents worldwide who may be eligible for military benefits, including TRICARE.
- Your TRICARE eligibility shows up in DEERS based on the sponsor's status. To maintain your eligibility, you must update DEERS after any QLE. If you don't, you may miss important information and enrollment deadlines. This could mean you lose access to care. A QLE includes getting married or divorced, moving, giving birth, adopting a child, or retiring. Visit www.tricare.mil/lifeevents for more information.
- Register in DEERS through the milConnect website at <https://milconnect.dmdc.osd.mil>. The milConnect website is the Defense Manpower Data Center's online portal that provides access to DEERS information.
- Information can also be updated by phone, fax, or by visiting a Uniformed Services ID card-issuing facility.
- When making changes, proper documentation, such as a marriage certificate, divorce decree, birth certificate, or adoption papers, is required.
- Note:** Only sponsors or sponsor-appointed individuals with valid power of attorney can add a family member. Family members age 18 and older may update their own contact information.
- Remember, providers are legally permitted to copy military and dependent ID cards to verify TRICARE eligibility.
- For more information, visit www.tricare.mil/deers.

Coverage Lifecycle



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- TRICARE has many programs that let National Guard and Reserve members and their families have continuous coverage throughout the TRICARE-eligibility lifecycle.
- When active duty orders for more than 30 days are received, sponsors and family members may become eligible for premium-free, active duty TRICARE benefits. These benefits continue throughout active duty service. We'll discuss inactive status in greater detail later in this presentation.
- Once active duty ends, sponsors and family members may become eligible for transitional benefits. Transitional benefits include the premium-free Transitional Assistance Management Program, or TAMP, and the premium-based Continued Health Care Benefit Program, or CHCBP.
- Non-activated members of the Selected Reserve may qualify to purchase TRICARE Reserve Select, or TRS, for themselves and their family members.
 - TRS is a premium-based health care plan that gives beneficiaries the freedom to choose TRICARE-authorized providers and use TRICARE's pharmacy benefit.
 - During this time, service members may also have line of duty, or LOD, care, which is limited to injuries, illnesses, or diseases incurred or aggravated when drilling or called or ordered to service for 30 days or less.

Medical Coverage

- **Optional Presenter Comment:** Next, we'll discuss TRICARE medical coverage for National Guard and Reserve members and their family members at deactivation.

Early Eligibility

- Eligible up to 180 days before activation:
 - Delayed-effective-date active duty orders for more than 30 days
 - For a federal preplanned mission
 - In support of a contingency operation
 - Service personnel office updates status in DEERS.
- Provides the active duty TRICARE benefit to you and your eligible family members
- If the orders are rescinded prior to the report date:
 - Active duty TRICARE coverage ends
 - May qualify to purchase TRS
 - May wish to reinstate employer-sponsored health plan

Note: Eligibility ends on the “effective date” that orders are rescinded.

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- Sponsors who are called or ordered to active duty for more than 30 days for a preplanned mission or in support of a contingency operation may be eligible for up to 180 days of early-eligibility active duty benefits. These benefits are based on delayed-effective-date active duty orders. The sponsor’s service personnel office must update the member’s DEERS status to show eligibility.

Note: Eligibility for benefits begins 180 days before reporting to active duty/duty station or date orders are received, whichever is the latter.

- If the orders are rescinded prior to the report date, then TRICARE coverage ends on the “effective date” the orders are rescinded. You may qualify to purchase TRICARE Reserve Select or you may wish to talk to your employer about getting an employer-based health plan reinstated.

Note: If your orders are terminated at any time during the early eligibility period, your TRICARE coverage will end effective the date of termination.

Service Members: Early Eligibility/Active Duty Benefits (1 of 2)

- For National Guard and Reserve members, TRICARE benefits are the same as for any other ADSM.
- Routine and urgent care:
 - Visit a military hospital or clinic.
 - www.tricare.mil/mtf
 - Find a civilian TRICARE-authorized provider via your regional contractor when a military hospital or clinic isn't available.
 - www.tricare.mil/finddoctor

Note: National Guard and Reserve members in early eligibility status who seek urgent, specialty, or inpatient care outside of a military hospital or clinic must coordinate all requests with their regional contractor for pre-authorization.

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- If you're a National Guard or Reserve member who is issued delayed-effective-date orders for activations of more than 30 days for a preplanned mission or in support of a contingency operation, you're eligible for active duty benefits along with your family.
- To prevent delays in getting care, verify that DEERS shows you and your family as TRICARE-eligible.
- If possible, seek all routine primary care at a military hospital or clinic. If living and working more than 50 miles or a one-hour drive away from a military hospital or clinic, contact your regional contractor for assistance locating a civilian TRICARE-authorized provider. Remember that providers are legally permitted to copy military and family member ID cards to verify TRICARE eligibility.

Note: National Guard and Reserve members in early eligibility status who seek urgent, specialty, or inpatient care outside of a military hospital or clinic must coordinate all requests with their regional contractor for pre-authorization.

Service Members: Early Eligibility/Active Duty Benefits (2 of 2)

- Specialty care (pre-authorization is required):
 - Contact your primary care manager or regional contractor to coordinate specialty care pre-authorizations.
- Emergency care: Call 911 or go to the nearest emergency room.
- Enrollment in TRICARE Prime may be required at your final duty station. Upon arrival, follow the command's guidance.

Note: Service members living near a military hospital or clinic may enroll in TRICARE Prime at the military hospital or clinic. Enrollment in TRICARE Prime Remote or with a civilian PCM is **not** authorized during the early eligibility period.

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- If specialty care is needed, contact your primary care manager, or PCM, or regional contractor who will coordinate specialty care pre-authorization with your provider.
 - Specialty care is generally defined as treatment that a PCM isn't able to provide.
- For emergencies, call 911 or go to the nearest emergency room. No referral or pre-authorization is needed, but, if admitted, your unit, or the Defense Health Agency—Great Lakes, or DHA-GL, must be notified within 24 hours or on the next business day.
- Enrollment in TRICARE Prime may be required at your final duty station. Upon arrival, follow your command's guidance.

Note: Service members living near a military hospital or clinic may enroll in TRICARE Prime at the military hospital or clinic. Enrollment in TRICARE Prime Remote or with a civilian PCM is **not** authorized during the early eligibility period. For those deploying overseas, enrollment in an overseas TRICARE Prime option isn't necessary during the early eligibility period. Service members who will be periodically relocating to various bases or posts for additional training during their early-eligibility period are encouraged to seek care at a military hospital or clinic, if nearby. However, you may seek covered primary care from a TRICARE-authorized civilian provider.

Family Members: Plan Options (1 of 2)

- **TRICARE Prime:**
 - Available in Prime Service Areas in the U.S. and areas near military hospitals or clinics overseas
 - If eligible, ADFMs are automatically enrolled in TRICARE Prime.
 - **US Family Health Plan:**
 - Available in six designated areas across the U.S.
 - TRICARE Prime option
- **TRICARE Select:**
 - Available worldwide
 - If TRICARE Prime isn't available, ADFMs are automatically enrolled in TRICARE Select.
- **TRICARE Young Adult:**
 - Available worldwide

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- Family members may have different program options depending on their location. We'll discuss each of these programs in greater detail over the next few slides.
 - All family members of activating National Guard and Reserve members/sponsors become eligible for TRICARE civilian care coverage as soon as they show as eligible in DEERS. They might show an effective date in DEERS up to 180 days before the member commences active duty depending on the type of call or order to active duty and order issuance date. Then, depending on where they live, these family members will be automatically enrolled in TRICARE Prime or TRICARE Select. They'll then have 90 days to elect to change their coverage.
- Note:** Be sure to keep addresses and all other contact information up to date in DEERS. If you don't, you may miss important information and enrollment deadlines. This could mean you lose access to care.
- TRICARE Prime is available to beneficiaries living in Prime Service Areas, or PSAs, in the U.S. PSAs are areas near military hospitals or clinics and civilian provider offices where regional contractors have established TRICARE Prime networks. If living in a PSA, early eligible ADSMs and family members of E-4 and below are automatically enrolled in TRICARE Prime, and family members of E-4 and below may decline. If you don't live in a PSA, you'll be automatically enrolled into TRICARE Select.
 - Family members living in certain areas are also eligible for the US Family Health Plan, or USFHP, which is a TRICARE Prime option available in six designated areas across the U.S. TRICARE Young Adult coverage may be purchased to extend USFHP benefits to qualified dependents. A map showing the designated areas will be provided later in this presentation.
 - TRICARE Young Adult, or TYA, is a premium-based health care plan available for purchase by qualified dependents.
 - TYA extends TRICARE Prime or TRICARE Select coverage for qualified dependents who are at least 21 (or age 23 if previously enrolled in a full-time course of study at an approved institution of higher learning and if the sponsor provided over 50% of the financial support), but haven't yet reached age 26.

Family Members: Plan Options (2 of 2)

- TRICARE Prime Remote for active duty family members:
 - Available in remote locations (if living and working more than 50 miles from the closest military hospital or clinic)
 - Available to family members of activated National Guard and Reserve members:
 - National Guard or Reserve member and family members must reside together in a TRICARE Prime Remote ZIP code at the start of early eligibility or at activation, whichever is earlier.
 - TRICARE Plan Finder tool: www.tricare.mil/planfinder
 - Eligible for TPR only while remaining at that residence

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- TRICARE Prime Remote for active duty family members is available to National Guard and Reserve family members.
 - Family members are eligible if they lived with their sponsor in a remote location when the sponsor received unaccompanied orders for active duty. In this case, the family members remain eligible as long as they stay at the address where they lived with their sponsor.
 - To find out if you live in a remote service area, use the TRICARE Plan Finder tool at www.tricare.mil/planfinder or contact your regional contractor.

Beneficiary Categories: Group A and Group B

- All beneficiaries fall into one of two categories based on when you or your sponsor entered the uniformed services.

Group A

If your or your sponsor's initial enlistment or appointment occurred **before** Jan. 1, 2018

Group B

If your or your sponsor's initial enlistment or appointment occurred **on or after** Jan. 1, 2018

- The groups pay different costs and fees.
 - Group A beneficiaries enrolled in a premium-based plan (TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE Young Adult, or the Continued Health Care Benefit Program) follow Group B deductibles, cost-shares, copayments, and catastrophic caps.

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- All beneficiaries fall into one of two categories based on when you or your sponsor entered the uniformed services. The groups pay different costs and fees.
 - **Group A:** If your or your sponsor's initial enlistment or appointment occurred before Jan. 1, 2018, you're in Group A. When enrolled in premium-based plans, including TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE Young Adult, and the Continued Health Care Benefit Program, Group A beneficiaries follow Group B costs.
 - **Group B:** If your or your sponsor's initial enlistment or appointment occurred on or after Jan. 1, 2018, you're in Group B.
- Because this designation is based on your or your sponsor's uniformed services initial enlistment or appointment, this category can't be changed by any action taken by the beneficiary (for example, switching plans or failure to pay).
- Monthly premium amounts for the premium-based programs can be found at www.tricare.mil/costs.

TRICARE Prime: Getting Care

- Affordable and comprehensive health care coverage
- TRICARE network provider or primary care manager delivers most routine care.
- PCM coordinates specialty care (referrals required).
- For emergencies, call 911 or go to the nearest emergency room.

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- TRICARE Prime options provide affordable and comprehensive health care coverage while minimizing out-of-pocket costs.
- TRICARE Prime enrollees choose or have a primary care manager assigned at military hospitals or clinics or within the TRICARE civilian provider network. PCMs deliver routine care, such as preventive services and routine visits, and file claims on the beneficiary's behalf. TRICARE Prime enrollees who need specialty care are required to work with their PCMs or regional contractors to coordinate referrals and pre-authorizations.

Note: If you're enrolled in TRICARE Prime Remote and there are no network PCMs in your area, you can visit any TRICARE-authorized provider for care.

- Urgent care services are medically necessary services required for an illness or injury that wouldn't result in further disability or death if not treated immediately, but does require professional attention within 24 hours.
- A referral for urgent care visits for TRICARE Prime enrollees other than ADSMs isn't required and point-of-service charges no longer apply for such claims. ADFMs enrolled in TRICARE Prime Overseas or TRICARE Prime Remote Overseas must contact the TRICARE Overseas contractor to obtain an authorization in order to ensure their urgent care visit will be cashless/claimless. Without this authorization, overseas providers may request payment up front and the beneficiary will then have to submit a claim for reimbursement. Any ADSM enrolled in TRICARE Prime Overseas or TRICARE Prime Remote Overseas requiring urgent care while on temporary duty or on leave status in the 50 United States and the District of Columbia, may access urgent care without a referral or an authorization.
 - Examples of urgent care situations include minor cuts, migraine headaches, sprains, earaches, and rising fevers.
 - Because these situations don't meet the standard for emergency services, pre-authorization is required to avoid out-of-pocket costs.
- For emergencies, call 911 or go to the nearest emergency room.
 - Referrals and pre-authorizations aren't required for emergency services, but, if admitted, your regional contractor must be notified within 24 hours or on the next business day to coordinate ongoing care.
 - Service members enrolled in TRICARE Prime or TRICARE Prime Remote should contact their command unit and the DHA-GL as soon as possible.

TRICARE Prime: Costs for ADSMs and ADFMs

- No enrollment fees, deductibles, or cost-shares
- Pharmacy copayments apply when using retail pharmacies.
- Point-of-service option available for out-of-pocket costs
- Catastrophic cap is per family for covered medical services.

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- In general, service members enrolled in TRICARE Prime have no out-of-pocket costs for health care services.
- Sponsors and family members are responsible for pharmacy copayments for prescriptions filled outside of military pharmacies. Details on pharmacy costs are provided later in this presentation.
- The point-of-service option allows TRICARE Prime enrollees to seek nonemergency care from any TRICARE-authorized provider without a referral. However, out-of-pocket costs apply.
 - Specifically, the POS option requires payment of all allowable costs until the \$300 individual or \$600 family POS deductible is met, and 50% of the TRICARE-allowable amount afterward.
 - Remember, ADSMs can't use the POS option.
- The catastrophic cap is the maximum amount you pay for covered health care services each calendar year. It includes deductibles and cost-share amounts.

US Family Health Plan

- TRICARE Prime option with six service areas
- May not get care at military hospitals or clinics or use military pharmacies
- Must enroll. Learn more at www.tricare.mil/USFHP.

USFHP Service Area	Designated Provider's Website
Maryland; Washington, D.C.; parts of Pennsylvania, Virginia, Delaware, and West Virginia	www.hopkinsusfhp.org
Maine, New Hampshire, Vermont, Upstate and Western New York, Northern and Western Tier of Pennsylvania, Northeastern and Central Ohio	https://tricare.martinspoint.org
Massachusetts, including Cape Cod; Rhode Island; Northern Connecticut	www.usfamilyhealth.org
New York City, Long Island; Lower Hudson Valley; New Jersey; Western Connecticut, including New London and Hartford; Eastern Pennsylvania	www.usfhp.net
Central Texas, Coastal Bend Texas, Northeast Texas, Southeast Texas, Central Louisiana	www.christushealthplan.org/shop-plans/us-family-health-plan
Western Washington State; most of Central and Eastern Washington State; Northern Idaho; Western Oregon; most of California	www.usfhpnw.org

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- The US Family Health Plan, or USFHP, is a TRICARE Prime option available through separate health care systems in six areas of the U.S.
- If you're in USFHP, you'll get care from a primary care provider in the health care system where you're enrolled. Your primary care provider will refer you for specialty care. You may not get care at military hospitals or clinics or use military pharmacies if you're in USFHP.
- Enrollment is required. Enrollment costs are the same as for TRICARE Prime.
- You aren't eligible to enroll in USFHP if you're:
 - An ADSM
 - A National Guard or Reserve member or family member
 - Medicare-eligible and age 65 and older
- If you disenroll from USFHP or move out of one of the USFHP service areas, you regain eligibility for other TRICARE programs.
- To learn more about USFHP, go to www.tricare.mil/USFHP.

TRICARE Select

- Freedom to choose providers
- Referrals not required for most services
- Yearly deductible, copayments, and cost-shares apply
- Enrollment required
- Some services require pre-authorization
- May have to file your own claims

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- With TRICARE Select, you can see any TRICARE-authorized provider, but you save money when you use network providers.
- You must be registered in DEERS and enrollment is required. There is a yearly deductible for TRICARE services and you pay copayments and cost-shares for most services.
- Referrals aren't required for most health care services, but some services require pre-authorization from your regional contractor.
- Visit www.tricare.mil/select for more information and costs.

TRICARE Select: Getting Care

- For TRICARE Select, find a TRICARE-authorized network provider:
 - Go to www.tricare.mil/finddoctor.
 - Call your regional contractor.
 - Ask your provider's office if they accept TRICARE.
 - If not, invite the provider to become TRICARE-authorized.
 - Give the provider your regional contractor's phone number or send them to www.DHA.mil/providers.

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- Your out-of-pocket costs will be lower when you see a TRICARE-network provider. A network provider is a provider that accepts TRICARE's payment as the full payment for any covered health care services you get. TRICARE network providers also file claims for you.
- To find a network provider, go to www.DHA.mil/finddoctor or contact your regional contractor.
- If you're seeing a non-network provider, ask if he or she accepts TRICARE and is authorized to get paid by TRICARE **before** getting care. If not, invite the provider to become TRICARE-authorized at any time. The provider simply needs to contact your TRICARE regional contractor for more information. Beneficiaries who see non-network providers may have to file their own claims.
- If you're overseas, you may get care from any civilian provider or military hospital or clinic (if space is available) without a referral except in the Philippines, where you're encouraged to see a Philippine Preferred Provider Network provider for care.

TRICARE Select: Costs for ADFMs

- No enrollment fees for ADFMs
- Deductibles based on the sponsor's pay grade and status
 - The TRICARE Select yearly deductible is waived for National Guard and Reserve family members of sponsors called or ordered to active duty for more than 30 days for a federal preplanned mission or in support of a contingency operation.
- Cost-shares or copayments
- Catastrophic cap is per family for covered medical services.
- For the most up-to-date cost information, go to www.tricare.mil/costs.

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- As an ADFM, there are no enrollment fees for TRICARE Select.
- Although deductibles are based on the sponsor's pay grade and status, the TRICARE Select yearly deductible is waived for National Guard and Reserve family members of sponsors called or ordered to active duty for more than 30 days for a federal preplanned mission or in support of a contingency operation.
- ADFMs are responsible for any cost-shares or copayments. This is the amount you pay for TRICARE-covered services, which vary depending on which providers are seen.
- The catastrophic cap is the maximum amount you pay out of pocket for TRICARE covered services per calendar year. It includes deductibles, cost-shares, and prescription copayments, but does **not** include TRS premiums paid prior to active duty.
- Sponsors and their family members are responsible for copayments. This is the amount you pay for TRICARE-covered services, which vary depending on which providers are seen.
 - For the most up-to-date cost information, go to www.tricare.mil/costs.

Enroll in TRICARE Prime or TRICARE Select

- There are four ways to enroll:
 - **Online:** Enroll at <https://milconnect.dmdc.osd.mil>.
 - **By phone:** Call your regional contractor.
 - **By mail:** Download the TRICARE Select or TRICARE Prime form and submit it to your regional contractor. Forms are available at www.tricare.mil/forms.
 - **In person** (overseas only): Go to an overseas TRICARE Service Center.
- For enrollment fees, premium amounts and copayments, go to www.tricare.mil/costs.

Note: TRICARE Prime Remote coverage options aren't available after retirement.

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- There are four ways to enroll:
 - **Online:** Enroll online through Beneficiary Web Enrollment. Log in to milConnect and click on the “Manage health benefits” button.
 - **By phone:** Call your regional contractor.
 - **By mail:** Download either the TRICARE Select or TRICARE Prime form and submit it to your regional contractor.
 - **In person:** Go to an overseas TRICARE Service Center.
- For enrollment fees, premium amounts and copayments, go to www.tricare.mil/costs.
- Enrollment forms may be downloaded from www.tricare.mil/forms or from your regional contractor’s website.

Note: TRICARE Prime Remote coverage options aren’t available after retirement.

TRICARE Plus

- A primary care enrollment program at select military hospitals and clinics for beneficiaries who aren't enrolled in TRICARE Prime
- No enrollment fees or cards
- Available to eligible beneficiaries not enrolled in TRICARE Prime and to their dependent parents or parents-in-law
- Limited enrollment based on military hospital or clinic capability and capacity
- Specialty care within the military hospital or clinic not guaranteed
- Eligible beneficiaries must complete *TRICARE Plus Enrollment Application* (DD Form 2853)

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- TRICARE Plus is a primary care enrollment program offered at certain military hospitals and clinics.
- Although TRICARE Plus isn't a health care plan, it offers primary care at military hospitals and clinics to beneficiaries who aren't enrolled in TRICARE Prime.
- Military hospital or clinic commanders may limit enrollment based on capability and capacity. Continued enrollment in TRICARE Plus is determined by the military hospital or clinic commander on a case-by-case basis.
- Primary care services are offered to TRICARE Plus beneficiaries and their dependent parents or parents-in-law.
- Enrollment in TRICARE Plus doesn't guarantee access to specialty care within the military hospital or clinic.
- Eligible beneficiaries may complete the *TRICARE Plus Enrollment Application*, which is DD Form 2853. Call your military hospital or clinic for more information about TRICARE Plus.

TRICARE Young Adult

- TYA is available to qualified unmarried dependents of TRICARE-eligible sponsors who are:
 - At least age 21, but not yet age 26
 - Not eligible to enroll in an employer-sponsored health plan
 - Not otherwise eligible for TRICARE coverage
 - Not a uniformed service sponsor (for example, a member of the Selected Reserve)
- For TYA qualification, cost, and enrollment information, go to www.tricare.mil/tya.

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- The TYA program is a premium-based health care plan available for purchase by qualified unmarried children of TRICARE-eligible sponsors under age 60 who have purchased TRR. TYA offers TRICARE Prime and TRICARE Select coverage worldwide, and eligibility is determined by the sponsor's status.
 - TYA includes medical and pharmacy benefits but excludes dental coverage.
 - Adult children may qualify to purchase TYA coverage if they are all of the following:
 - An unmarried dependent of a TRICARE-eligible sponsor
 - At least age 21, but not yet age 26
 - Not eligible to enroll in an employer-sponsored health plan based on their own employment status
 - Not otherwise eligible for TRICARE coverage
 - Not a uniformed service sponsor (for example, a member of the Selected Reserve)
- Note:** TYA enrollees have Group B cost-shares regardless of when the sponsor joined the military.
- For TYA qualification, cost and enrollment information, go to www.tricare.mil/tya.

Other Important Information

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- **Optional Presenter Comment:** We'll now discuss other important information.

Priority for Access to Military Hospitals and Clinics

Priority for Access to Military Hospitals and Clinics	
1	ADSMs
2	ADFMs in TRICARE Prime
3	Retired service members, their family members, and all others in TRICARE Prime and TRICARE Plus (primary care)
4	ADFMs enrolled in TRICARE Select and TRS members
5	All others enrolled in TRICARE Select, TRICARE Plus, or direct care only (not enrolled in any TRICARE health plan, but eligible)

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- Military hospitals and clinics grant access to care if space is available.
- ADSMs and National Guard and Reserve members who have been called or ordered to active duty for more than 30 days for a preplanned mission or in support of a contingency operation, always have first priority for care.
- After that, the priority is based on beneficiary category and program option.
- ADFMs enrolled in TRICARE Prime will have second priority, and space is limited for family members covered by TRICARE Select.
- All others enrolled in TRICARE Select, TRICARE Plus, or direct care only (not enrolled in any TRICARE health plan, but eligible) are seen at military hospitals and clinics if space is available.

Pharmacy Options

Military Pharmacy



- Usually inside military hospitals and clinics
- Get up to a 90-day supply

TRICARE Pharmacy Home Delivery



- Must use this option for some drugs
- Get up to a 90-day supply

TRICARE Retail Network Pharmacy



- Fill prescriptions without submitting a claim
- Get up to a 30-day supply

Non-Network Pharmacy



- Pay full price up front and file a claim to get a portion of your money back
- Get up to a 30-day supply

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- TRICARE offers prescription drug coverage and many options for filling your prescriptions. Your options depend on the type of drug your provider prescribes. The TRICARE pharmacy benefit is administered by Express Scripts. To learn more, visit <https://militaryrx.express-scripts.com> or call 877-363-1303.
- You have the same pharmacy coverage with any TRICARE program option, with the exception of USFHP, which has its own separate pharmacy coverage.
- To fill a prescription, you need a prescription and a valid Uniformed Services ID card or Common Access Card.
- This slide shows the options that may be available for filling your prescriptions:
 - Military pharmacies are usually inside military hospitals and clinics. Call your local military pharmacy to check if your drug is available. Visit www.tricare.mil/militarypharmacy for more information.
 - The TRICARE Pharmacy Home Delivery option must be used for some drugs. You'll pay one copayment for each 90-day supply. For more information on switching to home delivery, visit <https://militaryrx.express-scripts.com> or call 877-363-1303.
 - You may fill prescriptions at TRICARE retail network pharmacies without having to submit a claim. You'll pay one copayment for each 30-day supply. Visit www.tricare.mil/networkpharmacy to find a TRICARE retail network pharmacy.
 - At non-network pharmacies, you pay the full price for your drug up front and file a claim to get a portion of your money back.
- Your pharmacy will most often fill your prescription with a generic drug. If you need a brand-name drug, your provider can send a request to Express Scripts.
- For more information and costs, visit www.tricare.mil/pharmacy.

Service Members: Active Duty Dental Benefits

- Automatic coverage:
 - Upon early eligibility or activation
 - If previously enrolled in the TRICARE Dental Program, sponsor is automatically disenrolled and covered as an ADSM
- Seek care from military dental clinics if living or working within 50 miles of a military dental clinic.

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- When a service member receives active duty orders for more than 30 days for a preplanned mission or delayed-effective-date orders in support of a contingency operation, the service member is covered as an ADSM. Eligible family members are covered as ADFMs.
- They're eligible for early eligibility benefits either the date the orders are issued or 180 days before the active duty period begins; whichever is later.

Note: If a service member was enrolled in the TRICARE Dental Program, or TDP, while inactive, the member will be automatically disenrolled and covered as an ADSM.

- If a service member lives or works within 50 miles of a military dental clinic, the member is required to seek dental care from that military dental clinic.

Service Members: Active Duty Dental Program

- The Active Duty Dental Program is a dental program administered by United Concordia:
 - Provides civilian dental care to eligible remote ADSMs in two service areas:
 - CONUS
 - OCONUS
- You must have an Appointment Control Number before getting nonemergency dental care.
 - You can get an ACN on the ADDP website at www.addp-ucci.com.
 - If you're in the CONUS service area, call United Concordia at 866-984-2337.
 - If you're in the OCONUS service area, call United Concordia at 844-653-4058.
- For eligibility and benefit details, go to www.addp-ucci.com.

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- The Active Duty Dental Program, or ADDP, is administered by United Concordia Companies, Inc., referred to as United Concordia, which provides civilian dental care to service members who live and work in remote locations or obtain referrals from their military dentists.
 - The ADDP is available in two geographic service areas:
 - CONUS. Includes the 50 United States, the District of Columbia, and the U.S. territories of American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands
 - OCONUS. Includes all other countries, island masses, and territorial waters outside the ADDP CONUS service area
 - Within the CONUS service area, National Guard and Reserve members called or ordered to active duty for more than 30 days for a preplanned mission or a contingency operation are eligible for care through the ADDP. Also, Reserve Component members who are issued delayed-effective-date active duty orders for more than 30 days in support of a contingency operation or preplanned mission.
 - Within the OCONUS service area, certain National Guard and Reserve members called or ordered to active duty for more than 30 days for a preplanned mission or a contingency operation are also eligible for care through the ADDP.
- Note:** In the OCONUS service area, remote ADSMs must be enrolled in TRICARE Prime Remote Overseas to be eligible for ADDP.
- To see a civilian dentist through the ADDP, an Appointment Control Number, or ACN, is required.
 - You can get an ACN on the ADDP website at www.addp-ucci.com.
 - You can also call United Concordia at 866-984-2337 (CONUS) or 844-653-4058 (OCONUS). Country-specific access codes are available at the ADDP website.

Note: You must be eligible for the ADDP at the time you get dental care. If you aren't eligible, you'll be responsible for all costs related to the care you received under the ADDP.

- For more information about ADDP, visit www.addp-ucci.com.

TRICARE Dental Program

- The TRICARE Dental Program is a voluntary, premium-based dental program; the benefit is administered by United Concordia.
- Plan premiums depend on the sponsor's status.
- Eligible enrollees include:
 - Family members of active duty service members
 - Family members of National Guard and Reserve members
 - National Guard and Reserve members who aren't on active duty or covered by the Transitional Assistance Management Program

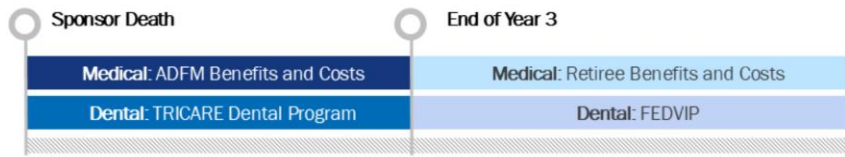
For more information, visit the TDP website: www.uccitdp.com.

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- The TRICARE Dental Program is a voluntary, premium-based Department of Defense program. The benefit is administered by United Concordia. The TDP offers continuous dental coverage for family members throughout the sponsor's changing status.
 - Former spouses and remarried surviving spouses don't qualify to purchase the TDP.
- Monthly premiums are based on the sponsor's military status.
- National Guard and Reserve members enrolled in the TDP before activation will automatically be disenrolled and covered as an ADSM upon activation.
- Family members who were enrolled in the TDP before activation, or who were enrolled more than 30 days after activation, may continue coverage uninterrupted at the reduced ADFM premium rate upon activation.
- Care is provided by participating dentists. To find a dentist, visit the TDP website, or receive care from a nonparticipating dentist, which may result in higher costs.
- For more information, go to www.uccitdp.com or call **844-653-4061** (CONUS) or **844-653-4060/717-888-7400** (OCONUS).

Survivor Benefits: Activated More Than 30 Days

Surviving Spouses Benefit Timeline



Surviving Children Benefit Timeline



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- TRICARE continues to provide benefits to eligible family members following the death of their sponsor as long as information in DEERS is current. The type of coverage and costs depend on the sponsor's military status at the time of his or her death.

Note: Surviving spouses remain eligible for survivor benefits unless they remarry, and surviving children remain eligible until they age out, marry, or otherwise lose their TRICARE eligibility.

- If a National Guard or Reserve member dies while serving on federal active duty orders for more than 30 consecutive days, family members remain eligible for TRICARE as transitional survivors for the first three years from the date of the sponsor's death.
 - Transitional survivors have the same benefits, program options, and costs as ADFMs.
 - They're eligible for active duty-specific programs, such as the Extended Care Health Option.
 - They're also eligible for the TRICARE Dental Program Survivor Benefit. While transitional survivors are enrolled, the government pays 100% of the monthly premiums. Transitional survivors are still responsible for any applicable cost-shares or copayments.
- After three years, surviving spouses remain eligible for TRICARE as survivors and are responsible for cost-shares, copayments, and an annual deductible.
 - Survivors have the same benefits and costs as retiree family members. Since coverage changes to that of retiree family members, TRICARE plan options and costs change (for example, survivors pay annual enrollment fees, are responsible for cost-shares and copayments, and are no longer eligible for TRICARE Prime Remote, as well as other active duty-specific plans).
 - They're eligible for dental coverage through FEDVIP.
- Coverage for surviving children doesn't change after three years.
 - Surviving children remain covered as ADFMs until they age out, marry, or otherwise lose their TRICARE eligibility.
 - They're eligible for the TDP Survivor Benefit until they lose their TRICARE eligibility. Upon death of an active duty sponsor, TYA enrollees have survivor (retiree), not transitional survivor ADFM cost-shares or copayments.

Survivor Benefits: Activated 30 Days or Less

- If a National Guard or Reserve member dies while serving on federal active duty orders for a period of 30 days or less, family members remain eligible as survivors:
 - They have retiree benefits and costs.
 - They're eligible for the TDP Survivor Benefit.
- If a National Guard or Reserve member dies while on early TRICARE eligibility, eligible family members are:
 - Authorized transitional survivor benefits like that of active duty

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- If a National Guard or Reserve member dies while serving on federal active duty orders for a period of 30 days or less, family members remain eligible as survivors.
 - Survivors have the same benefits, plan options, and costs as retiree family members.
 - They're eligible for the TDP Survivor Benefit.
 - Surviving spouses are eligible for the TDP Survivor Benefit for three years beginning on the date of the sponsor's death.
 - Children remain eligible for the TDP Survivor Benefit until they age out, marry, or otherwise lose their TRICARE eligibility.
 - Survivors aren't eligible for FEDVIP once the three-year period ends.
- If a National Guard or Reserve member dies while on early TRICARE eligibility, eligible family members are:
 - Authorized transitional survivor benefits like that of active duty

Note: The FEHB Program exclusion doesn't apply.

Survivor Benefits: Not Activated

- Family members of non-activated National Guard or Reserve members who had TRS or TAMP coverage at the time of their death have the following options:
 - If TRS coverage was in effect, qualified survivors may purchase or continue coverage under TRS for up to three years from the date of their sponsor's death.
 - If TAMP coverage was in effect, eligible survivors remain covered until the end of the 180-day TAMP period.
- Survivors are eligible for the TDP Survivor Benefit throughout the duration of survivor coverage or until losing TRICARE eligibility, whichever comes first.

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- Family members of non-activated National Guard or Reserve members who had TRS or TAMP coverage at the time of their death have the following options:
 - If TRS coverage was in effect, qualified survivors may purchase or continue coverage under TRS for up to three years from the date of their sponsor's death.
 - If TAMP coverage was in effect, eligible survivors remain covered until the end of the 180-day TAMP period.

Note: The FEHB Program exclusion doesn't apply.

- Survivors are eligible for the TDP Survivor Benefit throughout the duration of survivor coverage or until losing TRICARE eligibility, whichever comes first.

The Affordable Care Act

- TRICARE meets the minimum essential coverage requirement under the Affordable Care Act.
- Each tax year, you'll get an IRS Form 1095 from your pay center. It will list your TRICARE coverage for each month.
- Your Social Security number and the Social Security number of each of your covered family members should be included in DEERS for your TRICARE coverage to be reflected accurately.



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- The Affordable Care Act, or ACA, requires most Americans to maintain basic health care coverage, called minimum essential coverage.
- Most TRICARE plans meet the Affordable Care Act requirement for minimum essential coverage.
- Each tax year, you'll get an Internal Revenue Service, or IRS, Form 1095 from your pay center. It will list your TRICARE coverage status for each month. If your military pay is administered by the Defense Finance and Accounting Service, or DFAS, you can opt in to get your tax forms electronically through your DFAS myPay account. For more information, visit <https://mypay.dfas.mil>.
- For more information about the IRS tax forms, visit www.irs.gov.

For Information and Assistance

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- **Optional Presenter Comment:** The next slide provides contact information that may be helpful to you for using your TRICARE benefit.

Contact Information

Regional Contractors

- TRICARE East Region
Humana Military
800-444-5445
www.tricare.mil/east
- TRICARE West Region
TriWest Healthcare Alliance
888-TRIWEST (888-874-9378)
www.tricare.mil/west
- TRICARE Overseas Region
International SOS Government
Services, LLC
www.tricare-overseas.com/contact-us

Dental Contractor

- TRICARE Active Duty Dental Program
United Concordia Companies, Inc.
CONUS: 866-984-2337
OCONUS: 844-653-4058 (using country-specific access codes)
www.addp-ucci.com
- TRICARE Dental Program
United Concordia Companies, Inc.
CONUS: 844-653-4061
OCONUS: 844-653-4060
www.uccitdp.com

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- This slide shows contact information for stateside and overseas regional contractors. Remember, your contractor point of contact is based on where you live.
- Contact information for the Active Duty Dental Program and the TRICARE Dental Program contractor is also here.

Resources

- TRICARE Website: www.tricare.mil



- TRICARE Publications: www.tricare.mil/publications
- milConnect: <https://milconnect.dmdc.osd.mil/>

- Lastly, here are a few important information resources.