

TRICARE® Benefits/Programs for National Guard and Reserve Members New to TRICARE/Active 30 Days or Less

Your Options for Care for Members New to TRICARE

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Today's Agenda

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

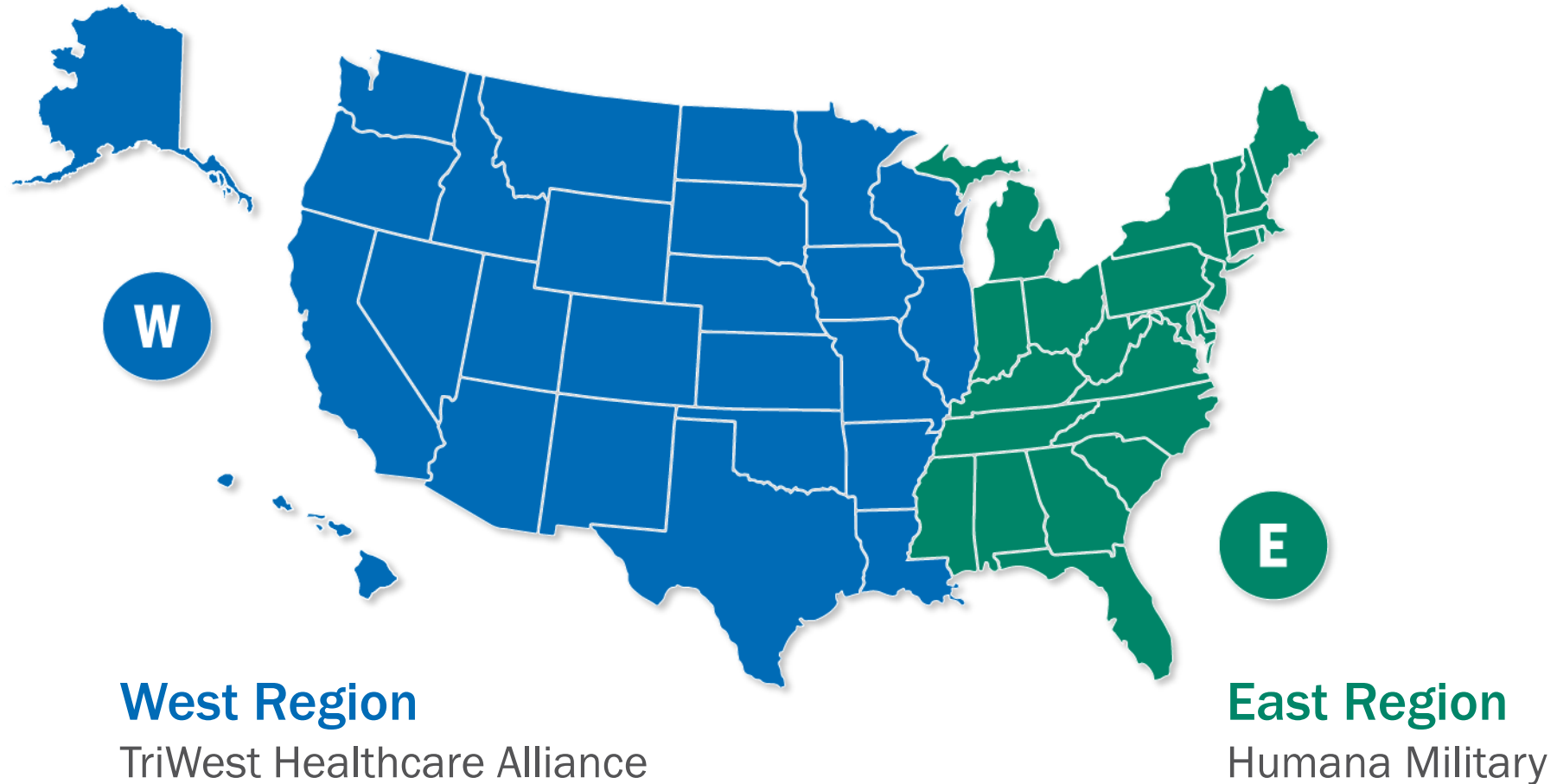
What Is TRICARE?

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.

TRICARE Stateside Regions



West Region

TriWest Healthcare Alliance

East Region

Humana Military

TRICARE Overseas Program

Latin America and Canada

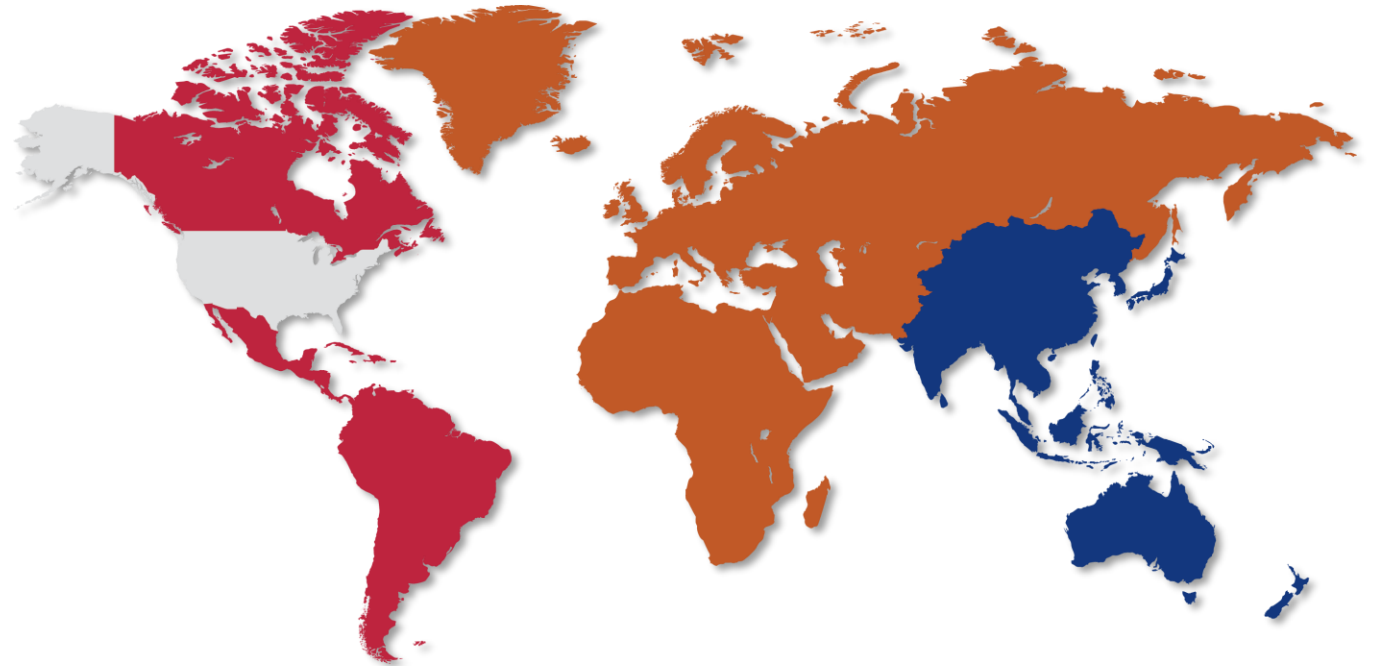
Canada, the Caribbean Basin, Central and South America, Puerto Rico, and the U.S. Virgin Islands

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



Keep DEERS Information Up To Date



Being able to use TRICARE depends on keeping DEERS 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>.



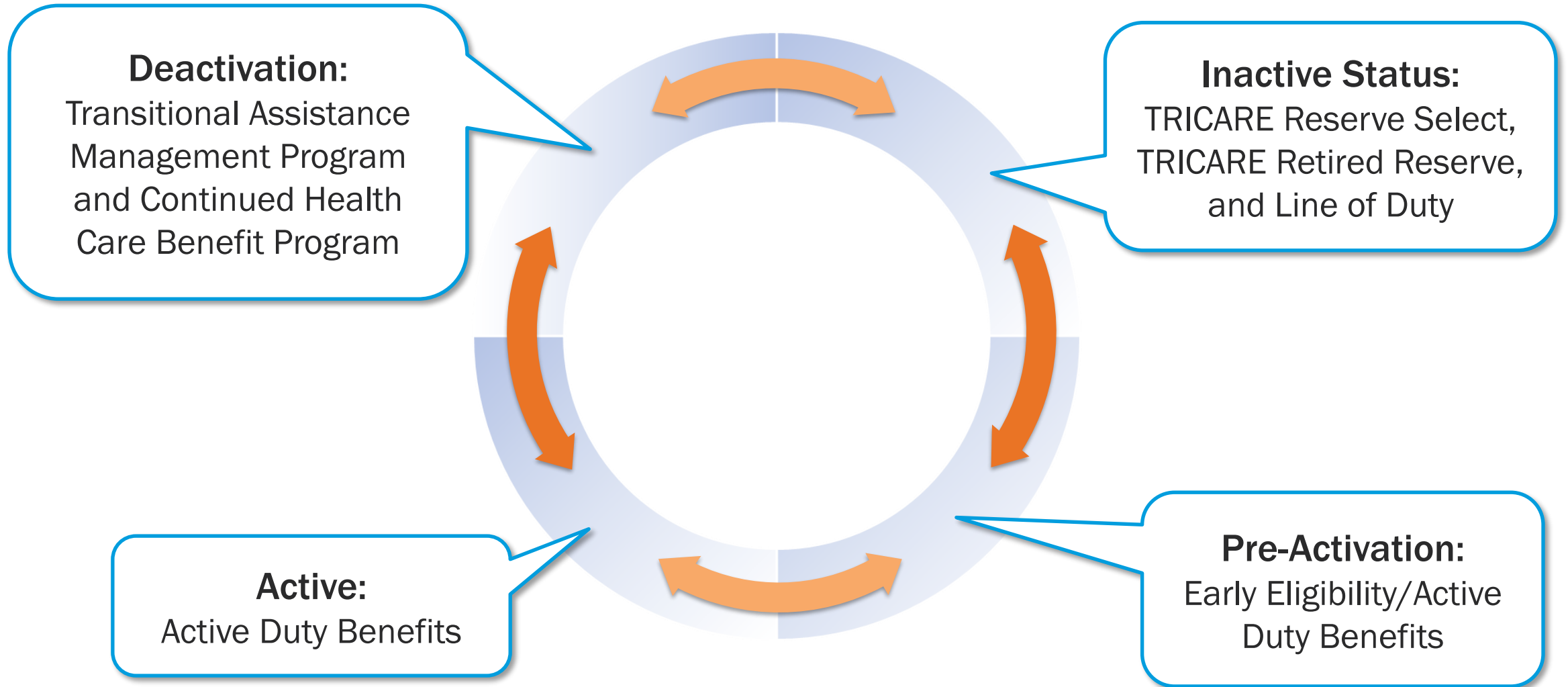
Call 800-538-9552.



Fax 800-336-4416.

TRICARE Eligibility

Coverage Lifecycle



Medical Coverage

TRICARE Reserve Select

Step 1—Qualify

- Selected Reserve members may qualify for TRS if they are:
 - Not eligible for or enrolled in Federal Employees Health Benefits Program under sponsor's own employment
 - For more information, visit www.tricare.mil.

TRICARE Reserve Select

Step 2—Purchase

Purchase TRS

- Online at <https://milconnect.dmdc.osd.mil>
- By mailing a completed and signed *Reserve Component Health Coverage Request Form* (DD Form 2896-1) to your regional contractor
 - Include initial premium payment and recurring automated payment method.
- By calling your regional contractor
- In person overseas at a TRICARE Service Center

For continuous coverage, purchase TRS up to 90 days before TAMP ends, but no later than 90 days after TAMP ends.

TRICARE Reserve Select

Getting Care (1 of 2)

- TRS coverage follows the rules of TRICARE Select.
- No referrals necessary:
 - Certain services require pre-authorization.
 - In an emergency, call 911 or go to the nearest emergency room.
- Like TRICARE Select, locate a network or TRICARE-authorized provider.
- To get care at a military hospital or clinic if space is available, visit www.tricare.mil/mtf.

TRICARE Reserve Select

Getting Care (2 of 2)

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

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**

- However, when enrolled in TRS, everyone follows Group B cost-shares, copayments, deductibles, and catastrophic caps.

TRICARE Reserve Select: Costs

- Monthly premiums (per calendar year)
- Annual deductible is based on sponsor's pay grade.
- Cost-shares or copayments apply for covered services and vary depending on the type of provider (network or non-network).
- The catastrophic cap is per family for covered medical services.
- For the most up-to-date cost information, visit www.tricare.mil/costs.

Line of Duty Care (1 of 2)

- Limited to illnesses, injuries, and diseases incurred or aggravated in the line of duty
- Includes injuries sustained while traveling to and from, and staying overnight at, a duty station
- Must have a completed line of duty determination
- In the U.S., care is provided at military hospitals or clinics or coordinated by the Defense Health Agency—Great Lakes, if seeing a civilian provider.
 - **Note:** Overseas, care can be authorized by a military hospital or clinic or the TRICARE Overseas Program contractor.
- LODs are only good for one year. After one year, you'd be put under a medical evaluation board where you either get placed in the Integrated Disability Evaluation System, returned to duty, or medically retired.

Note: TAMP doesn't cover line of duty care.

Line of Duty Care (2 of 2)

- For care needed in the U.S. after orders expire:
 - If a National Guard or Reserve member resides 50 miles or less from a military hospital or clinic, LOD determination requests go to the military hospital or clinic.
 - If a National Guard or Reserve member resides more than 50 miles from a military hospital or clinic, LOD requests go to the DHA-GL.
 - Find instructions and forms at www.health.mil/greatlakes or call 888-647-6676.

Note: Authorized LOD care is limited to the specific injury, illness or disease that was incurred or aggravated while in a qualified duty status (for example, if your left arm was injured and a LOD determination was approved for that condition, care for a right knee issue isn't authorized under the same LOD).

Emergency or Urgent Care

- If a National Guard or Reserve member incurs an injury, illness, or disease that results in emergency or urgent care while on orders 30 days or less, their command unit must provide DHA-GL:
 - Eligibility documentation
 - *DHA-GL Worksheet-01*
- Send eligibility documents and *DHA-GL Worksheet-01* to DHA-GL the same day of the incident
 - Download form at www.health.mil/greatlakes
 - Fax documentation to **224-447-0152**

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)

TRICARE and Other Health Insurance

- Other health insurance is considered your primary health insurance.
- After your OHI pays, TRICARE will pay the lesser of:
 - The billed, minus the payment from your OHI
 - The amount TRICARE would have paid without OHI
 - The OHI copayment or deductible
- If you have OHI:
 - Fill out a *TRICARE Other Health Insurance Questionnaire*: www.tricare.mil/forms.
 - Follow the referral and authorization rules for your OHI.
 - Tell your provider about your OHI and TRICARE.
- For services covered by Medicare, OHI, and TFL, TRICARE pays last after Medicare (if applicable) and your OHI.

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

Service Members: Active Duty Dental Program

- The ADDP provides authorized civilian dental care for ADSMs who are either:
 - Referred from their military dental clinic in CONUS locations or
 - Remotely located in both CONUS and OCONUS locations
- 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.

TRICARE Dental Program

- The TRICARE Dental Program is a voluntary, premium-based dental program. The benefit is administered by United Concordia Companies, Inc.
- 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.

Voluntary Vision Coverage

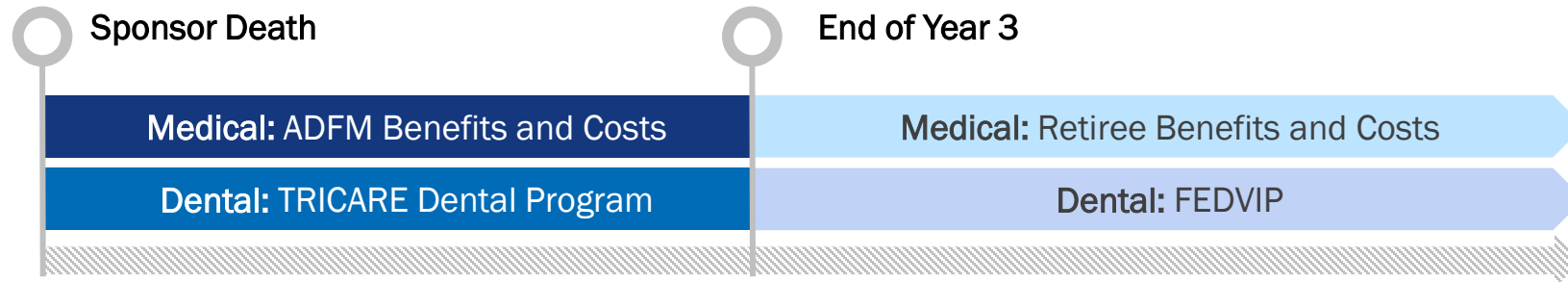
Active duty family members, retirees, and their eligible family members enrolled in a TRICARE health plan may qualify to purchase vision coverage through the Federal Employees Dental and Vision Insurance Program.

- Eligible beneficiaries include those enrolled in or using:
 - TRICARE Prime, including USFHP
 - TRICARE Select
 - TRS
 - TRR
 - TRICARE For Life
- FEDVIP vision coverage is available to:
 - Active duty family members
 - Retired service members and their eligible family members
 - National Guard and Reserve members and eligible family members

Visit www.BENEFEDS.gov for vision plan eligibility and enrollment information.

Survivor Benefits: Activated More Than 30 Days

Surviving Spouses Benefit Timeline



Surviving Children Benefit Timeline



Survivor Benefits: Activated 30 Days or Less

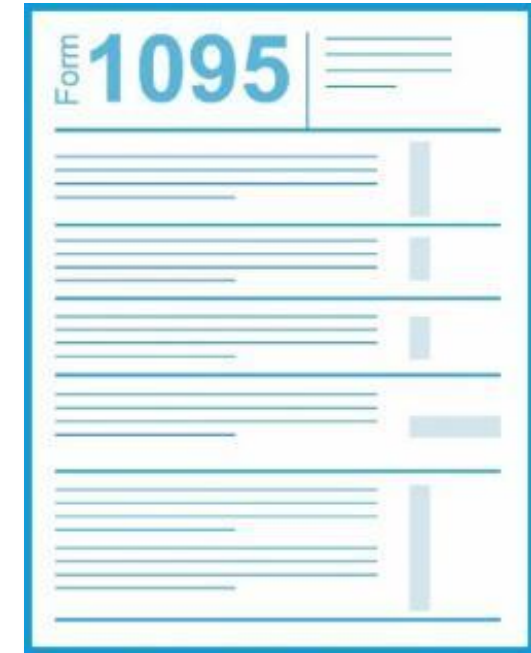
- If a National Guard or Reserve member dies while serving on federal active duty orders for a period of 30 days or less, family members remain eligible as survivors:
 - They have retiree benefits and costs.
 - They're eligible for the TDP Survivor Benefit.
- If a National Guard or Reserve member dies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

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.

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.



For Information and Assistance

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

Resources

- TRICARE Website: www.tricare.mil



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