

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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- **ATTENTION PRESENTER:** To ensure that those using TRICARE get the most up-to-date information about their health benefit, go to www.tricare.mil/briefings for the latest version of this briefing before each presentation. Briefings are continuously updated as benefit changes occur.
- **Presenter Tips:**
 - Review the briefing with notes prior to your presentation.
 - Remove any slides that don't apply to your audience.
 - Review the *Other Important Information* briefing slides and the *Costs* briefing slides at www.tricare.mil/briefings to identify any additional slides to include in your presentation.
 - Launch the briefing in “slide show” setting for your presentation.
- **Estimated Briefing Time:** 45 minutes
- **Target Audience:** An overview of the TRICARE benefit available to National Guard and Reserve members and their family members who are new to TRICARE or active for 30 days or less.
- **TRICARE Resources:** Go to www.tricare.mil/publications to view, print, or download copies of TRICARE educational materials. Suggested resources include: *TRICARE Choices for National Guard and Reserve Handbook*; *TRICARE Plans Overview Fact Sheet*; *Dental Options Fact Sheet*; and *Costs and Fees Sheet*.
- **Briefing Objectives:**
 - Increase awareness of TRICARE benefits for new National Guard and Reserve members and their families.
 - Educate beneficiaries on coverage options available as they transition to the TRICARE benefit.
 - Inform beneficiaries of the necessary steps for accessing the TRICARE benefit.
- **Optional Presenter Comments:** Welcome to the *TRICARE Benefits/Programs for National Guard and*

Reserve Members New to TRICARE or Active for 30 Days or Less.

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?

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

What Is TRICARE?

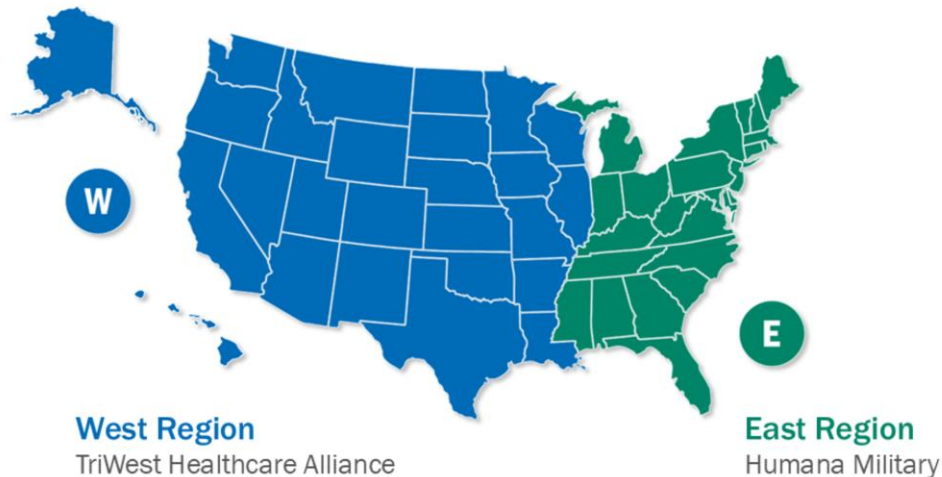


- TRICARE is the health care program for the U.S. Department of Defense. It consists of:
 - Direct care
 - Civilian care
- TRICARE® is the brand name for the U.S. Military Health System.

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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 family members, 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



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- 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.

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.

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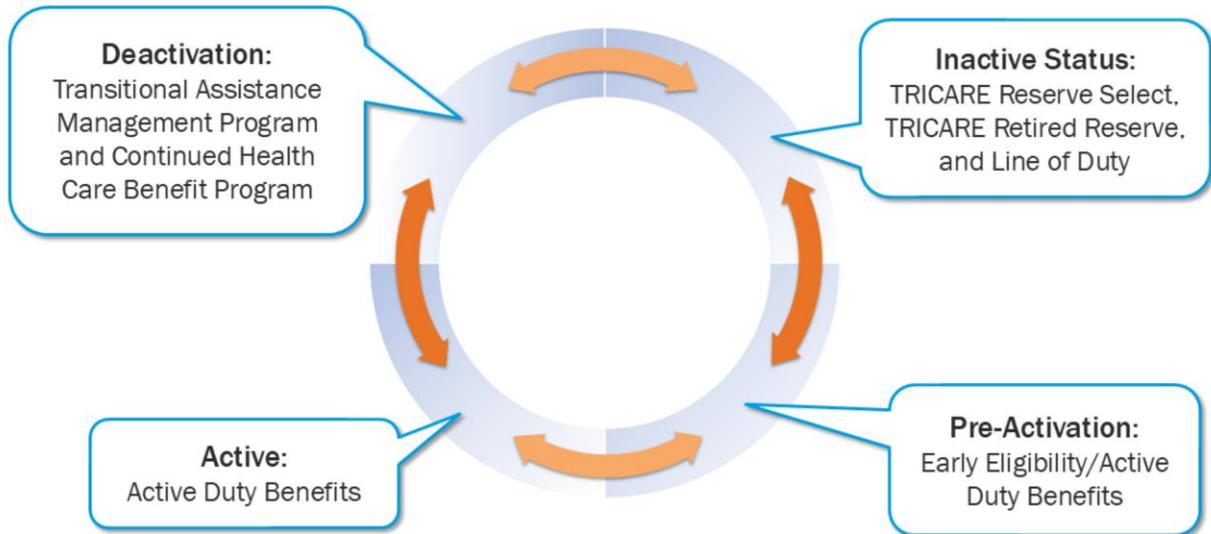
- The Defense Enrollment Eligibility Reporting System, or DEERS, is a database of service members and dependents worldwide who may be eligible for military benefits, including TRICARE.
- Your TRICARE eligibility shows up in DEERS based on the sponsor's status. To maintain your eligibility, you must update 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 ages 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.

TRICARE Eligibility

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

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

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

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.

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- TRS is a premium-based health plan available for purchase by qualified members of the Selected Reserve and their families.
 - **Note:** Former spouses and remarried surviving spouses don’t qualify to purchase TRS.
- TRS is a comprehensive health plan similar to TRICARE Select and TRICARE Select Overseas.
- You won’t qualify for TRS if you’re eligible for or enrolled in the Federal Employees Health Benefits, or FEHB, Program under the sponsor’s own employment. If a spouse is a member of the Selected Reserve and not eligible for FEHB, enrollment in TRS under that spouse is authorized.
 - **Note:** Surviving family members who are eligible for or enrolled in FEHB may purchase TRS.
- To determine qualification, visit <https://milconnect.dmdc.osd.mil>.
 - **Note:** Contact your Reserve component personnel office with any questions regarding qualifying for TRS.
- If you don’t enroll in a TRICARE plan within 90 days of your retirement, you won’t be able to get TRICARE coverage until the next TRICARE Open Season or you or a family member has a TRICARE Qualifying Life Event.
- If you don’t enroll in a TRICARE health plan and you’re eligible for health care, you may only get health care services at military hospitals or clinics if space is available. You can only fill prescriptions at military pharmacies. To find the closest military hospital or clinic, visit www.tricare.mil/mtf.

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.

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- With TRS, you can purchase member-only or member-and-family coverage.
- Your options for purchasing coverage include:
 - Online at <https://milconnect.dmdc.osd.mil>
 - Calling your regional contractor
 - Mailing a signed *Reserve Component Health Coverage Request Form* (DD Form 2896-1), along with the premium payment amount indicated on the form. The initial payment required is two months of premiums. You must also include a recurring automated payment method.
 - In person overseas at a TRICARE Service Center
- You can access milConnect by using:
 - Common Access Card, or CAC
 - Defense Finance and Accounting Service, or DFAS, myPay PIN
 - myAuth

Note: Service members and retirees with a CAC or DFAS myPay PIN may request a myAuth for themselves and eligible family members:

- Via <https://myaccess.dmdc.osd.mil>
- At a Veterans Affairs Regional Office after completing an in-person proofing process
- At a Uniformed Services ID card-issuing facility when obtaining a military ID card

Note: For TRS, to ensure continuous coverage for members who become eligible for benefits under TAMP, submit a TRS application up to 60 days before or 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.

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- Once purchased, coverage under TRS follows the rules of TRICARE Select.
- TRS members have the flexibility to visit any TRICARE-authorized provider, who is a doctor or other provider who is authorized to provide care to TRICARE beneficiaries.
- Although referrals are not required for most health care services, some services require pre-authorization to determine medical necessity.
 - Visit your regional contractor's website for information about pre-authorization requirements.
- In the event of an emergency, call 911 or go to the nearest emergency room.
 - Referral or pre-authorization is not required, but, if admitted, your regional contractor must be notified within 24 hours or on the next business day to coordinate ongoing care.
- When using TRICARE Select, locate a TRICARE-authorized provider for care. TRS members may also receive care at military hospitals and clinics, if space is available. To find a military hospital or clinic, 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.

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- Out-of-pocket costs are lower when seeing a TRICARE-network provider. A network provider has agreed to accept the contracted rate as payment in full for covered health care services and files claims for you. To find a network provider, visit www.tricare.mil/finddoctor or contact your regional contractor.
- If seeing a non-network provider, ask if they're TRICARE and are authorized to receive payment by TRICARE **before** you receive care. If not, invite the provider to become TRICARE-authorized at any time. The provider simply needs to contact the TRICARE regional contractor for more information. Beneficiaries who see non-network providers may have to file their own claims.
- If overseas, you can receive care from any host nation provider or military hospital or clinic (if space is available) without a referral, **except** in the Philippines, where you're encouraged to see a TRICARE Preferred Provider for care.

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.

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- All beneficiaries fall into one of two categories based on when you or your sponsor entered the military. The groups pay different costs and fees.
- 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.
- 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).
- You can find monthly premium amounts for the premium-based programs at www.tricare.mil/costs.

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.

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- Premiums for TRS are paid monthly. Go to www.tricare.mil/costs to see the premiums for the current calendar year.

Note: All ongoing TRS monthly premium payments must be made by either automatic electronic funds transfers or automatic charges to a credit or debit card. Contact your regional contractor to set up automatic payments. Payments are due no later than the last day of each month and are applied to the following month's coverage. Failure to pay TRS premiums will result in a 12-month lockout. If you fail to pay your TRS premium, you have up to 90 days to contact your regional contractor and request your enrollment be reinstated. You'll be required to pay one to three months of premiums and need to re-establish a recurring automated payment method.

- The deductible is the amount you pay out of pocket per year before TRICARE cost-sharing begins.
- You're responsible for cost-shares and copayments. These are the amounts you pay for TRICARE-covered services, which vary if seeing a network or non-network provider.
- Non-network TRICARE providers can choose to accept TRICARE rates, or "participate" in TRICARE, on a claim-by-claim basis. Non-network nonparticipating providers can charge up to 15 percent above the TRICARE-allowable rate.
- The catastrophic cap is the maximum amount you pay out of pocket for TRICARE-covered services per calendar year. The \$1,000 TRS cap includes deductibles, cost-shares, copayments, and prescription copayments, but it doesn't include monthly TRS premiums or costs incurred by seeking care without pre-authorization.
- For the most up-to-date TRS 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.

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- During inactive duty period, National Guard and Reserve members may also be eligible for line of duty, or LOD, care.
- A line of duty injury, illness or disease is determined to have been incurred or aggravated in the line of duty, including injuries sustained while traveling to and from, and staying overnight at, a duty station while on inactive duty for training or active duty orders for a period of 30 days or less.
- Your command unit must issue a completed line of duty determination for you to get care. Because you won't otherwise appear as TRICARE-eligible in DEERS, your unit/command medical representative must provide the line of duty documentation to the Defense Health Agency—Great Lakes, or DHA-GL, before you seek care, if seeing a civilian provider.
- Most line of duty care is delivered through military hospitals and clinics. If there isn't a military hospital or clinic nearby, your unit/command medical representative will work closely with the DHA-GL to coordinate your care.
- LODs are only good for one year. After one year, you would be put under a medical evaluation board where you either get placed in the Integrated Disability Evaluation System, returned to duty, or medically retired.
- For more information, contact your command unit. All requests for line of duty care must be coordinated through and initiated by your unit.

Note: TAMP does **not** cover line of duty care. When getting line of duty care, provide eligibility documentation when you get service to avoid incurring costs associated with other

TRICARE coverage.

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).

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- If further medical care is needed relating to an injury, illness or disease that was incurred or aggravated while in a qualified duty status and after orders expire, a line of duty determination must be initiated by your command unit.
- If you need care during the line of duty review and investigation, it can be preauthorized by the military hospital or clinic (for National Guard and Reserve members residing 50 miles or less of a military hospital or clinic) or by DHA-GL (for National Guard and Reserve members residing more than 50 miles from a military hospital or clinic).
- A line of duty condition requiring care must be incurred or aggravated while in a qualified duty status (performing military service).
 - Medical conditions not incurred or aggravated while in a qualified duty status aren't authorized for treatment and claims payment under line of duty.
 - Clinical documentation of the condition must accompany the line of duty form and preauthorization requests.
- If you're remote, DHA GL uses the *DHA-GL Worksheet-02* for general medical care and *DHA-GL Worksheet-06* for surgical care as the preauthorization request forms.
 - Visit www.health.mil/GreatLakes for the worksheets, or call 888-647-6676.
 - Army National Guard and Reserve members should submit line of duty documentation through eMMPS (line of duty module).
 - Other National Guard and Reserve members should fax line of duty documentation to DHA GL at 224-447-0151.

Note: Overseas, care can be authorized by a military hospital or clinic or the TRICARE Overseas Program contractor.

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

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- If you're injured or experience a sudden onset of a serious illness while on orders 30 days or less, you may need to seek emergency or urgent care. Most common occurrences are National Guard and Reserve members becoming injured during drill weekends or annual training.
- When this occurs, it's very important for your command unit to provide eligibility documentation (for example, orders, attendance rosters and muster sheets) to verify you are on orders to DHA-GL. This should occur immediately after the emergency or urgent care was provided to reduce the likelihood that medical claims will be denied.

Note: DHA-GL will deny claims for emergency or urgent care if unable to verify eligibility.

- In addition to the eligibility documentation, your command unit must complete, sign, and submit the *DHA-GL Worksheet-01*.
- To obtain the worksheet, go to www.health.mil/GreatLakes.
- Fax all documentation to 224-447-0152.
- For more information, view the process guides online at www.health.mil/GreatLakes, or call 888-647-6676.

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	ADFM's in TRICARE Prime
3	Retired service members, their family members, and all others in TRICARE Prime and TRICARE Plus (primary care)
4	ADFM's 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.
- ADFM's 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.

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.

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- Other health insurance, or OHI, is any non-TRICARE health benefit you get through an employer or other public or private insurance plan, including government programs such as Medicare.
- If you have OHI, it's your primary insurance, and TRICARE becomes your last payer.
 - This means when you go to your health care provider, the health care provider files a claim with your OHI first, and TRICARE pays what is left, up to the TRICARE-allowable charge.

Note: This doesn't apply to Medicaid and certain other state programs.

- If your OHI runs out, or for services covered by TRICARE that aren't covered by your OHI, TRICARE becomes your primary payer.

Note: Unlike OHI, supplemental insurance pays after TRICARE pays its portion of the bill, reimbursing you for out-of-pocket medical expenses paid to civilian providers based on the plan's policies.

- If you have OHI:
 - Fill out a *TRICARE Other Health Insurance Questionnaire* and follow the guidelines for submission. You can download your regional contractor's questionnaire from www.tricare.mil/forms.
 - Because your OHI pays first, you must follow your other health insurance's rules for getting care.
 - Make sure your provider knows you have other health insurance and TRICARE. Keeping your regional contractor and health care providers informed about your OHI will allow them to better coordinate your benefits.
- TRICARE referrals and pre-authorizations aren't generally required, with some exceptions.
 - Go to your regional contractor's website or contact them about pre-authorization requirements.
- You must also report if you no longer have 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

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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 prescription drug is available. Visit www.tricare.mil/militarypharmacy for more information.
 - The TRICARE Pharmacy Home Delivery option must be used for some prescription drugs. You'll pay one copayment for up to a 90-day supply. For more information on switching to home delivery, visit <https://militaryrx.express-scripts.com/home-delivery> 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 up to a 30-day supply. Visit <https://militaryrx.express-scripts.com/find-pharmacy> to find a TRICARE retail network pharmacy.
 - At non-network pharmacies, you pay the full price for your prescription 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 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.

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- The Active Duty Dental Program, or ADDP, is administered by United Concordia Companies, Inc., referred to as United Concordia. The ADDP provides civilian dental care to service members who live and work in remote locations. For National Guard and Reserve members, ADDP eligibility begins only when orders are received for more than 30 days.
- 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 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.

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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)
 - **844-653-4060** or **717-888-7400** (OCONUS)

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

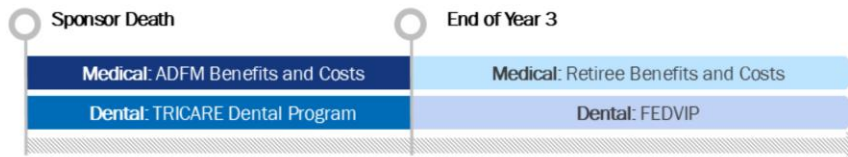
Visit www.BENEFEDS.gov for vision plan eligibility and enrollment information.

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- 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, also known as FEDVIP.
- Eligible beneficiaries include those enrolled in or using:
 - TRICARE Prime, including USFHP
 - TRICARE Select
 - TRS
 - TRR
 - TRICARE For Life, or TFL
- Visit www.BENEFEDS.gov for eligibility, carrier, and enrollment information.

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 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.