

Separating From Active Duty

Your Options for Care After Separating From Active Duty

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- **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.

- **TRICARE Resources:** Go to www.tricare.mil/publications to view, print or download copies of TRICARE educational materials. Suggested resources include: *TRICARE Plans* overview and *Costs and Fees* sheet.

- **Estimated Briefing Time:** 45 minutes

- **Target Audience:** Service members living in the U.S. who are separating from active duty with fewer than 20 years of service and their eligible family members

- **Briefing Objective:** Inform TRICARE beneficiaries about transitional benefits.

- **Optional Presenter Comments:** Welcome to the *Separating From Active Duty* briefing. The goal of today's presentation is to give you a general understanding of your health care options as you

transition to civilian life. This presentation is primarily focused on beneficiaries living in the U.S. If you plan to move overseas, go to www.tricare.mil/overseas or www.tricare-overseas.com for overseas information.

Today's Agenda

- Health Care Coverage
- Transitional Coverage
- Benefit Information
- Other Important Information
- For Information and Assistance

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- During today's briefing, we'll discuss health care and transitional coverage options that are available to you as you separate from active duty. Benefit information, including pharmacy options and dental programs, will be covered.
- Finally, we'll provide resources for getting assistance and finding 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 benefit emails about your eligibility and enrollment changes, go to **<http://milconnect.dmdc.osd.mil>**.

Health Care Coverage

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- **Optional Presenter Comment:** First, we'll discuss health care coverage options after separating from active duty.

Terminal Leave

Sponsors	Family Members
<ul style="list-style-type: none">• Get care as an active duty service member• May seek care at any military hospital or clinic, but must remain enrolled in TRICARE Prime at current duty station• May not transfer enrollment	<ul style="list-style-type: none">• Remain covered by their current program (for example, TRICARE Prime or TRICARE Select)• Can transfer enrollment to another TRICARE Prime or TRICARE Select location

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- If you have accrued leave during your full-time military career, you may have the opportunity to take terminal leave before your separation.
- If you stay in the same area when you're on terminal leave, you continue to get care as an active duty service member, or ADSM.
 - The requirements for seeking emergency or nonemergency medical or dental care stay the same.
- If you move when you're on terminal leave, you can get care at any military hospital or clinic, but you must remain enrolled in TRICARE Prime at your current duty station.
 - Contact your primary care manager, or PCM, for referrals before getting any nonemergency care.

Note: If you choose to move outside the TRICARE Prime Service Area, or PSA, where you are enrolled, you may be able to get a single pre-authorization for any necessary routine and urgent care from the U.S. Department of Veterans Affairs. Contact your primary care manager, or PCM, before leaving your final duty station to request pre-authorization.

- During your terminal leave, your family members will still be covered by their current programs—TRICARE Prime, TRICARE Prime Remote for Active Duty Family Members or TRICARE Select—as long as they don't move.
 - Unlike service members who must remain enrolled at their current duty station, family members can transfer TRICARE Prime enrollment to a new location if they move to a PSA or within 100 miles of an available PCM. If the new location isn't in a PSA, they must disenroll from TRICARE Prime and enroll in TRICARE Select.

Coverage Options

- Transitional health care options:
 - Transitional Assistance Management Program (for those who are eligible)
 - Continued Health Care Benefit Program
- If you're transitioning to the National Guard or Reserve, you may qualify to purchase TRICARE Reserve Select. For more information, go to www.tricare.mil/trs.
- Active duty coverage ends on your last day of active duty.

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- If you're separating from active duty or from the uniformed services, you may be able to continue health care coverage depending on the circumstances of your separation.
- If eligible, you may get care under two transitional health care options:
 - The Transitional Assistance Management Program, or TAMP, provides 180 days of transitional health care benefits to help certain service members and their family members transition to civilian life.
 - The Continued Health Care Benefit Program, or CHCBP, is a premium-based health care program administered by Humana Military. Though not a TRICARE program, CHCBP offers continued health coverage for 18 to 36 months after regular TRICARE eligibility or TAMP coverage ends.
 - We'll discuss both programs in greater detail later in this presentation.
- If you're transitioning from active duty to the National Guard or Reserve, you may qualify to purchase TRICARE Reserve Select, or TRS. For more information, go to **www.tricare.mil/trs**.
- If you aren't eligible for TAMP and don't purchase CHCBP, active duty benefits end for you and your family members on your last day of active duty—even if you're getting ongoing treatment or have a valid pre-authorization dated later than your last day of active duty service.

TAMP Overview

- 180 days of transitional health care benefits
- Begins the day after you separate from active duty
- You have 90 days from the start of TAMP to enroll or reenroll in a TRICARE plan.
- All beneficiaries covered as active duty family members, including the sponsor

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- TAMP offers 180 days of premium-free TRICARE coverage to certain service members and their family members so they have ample time to make arrangements for ongoing health care coverage while transitioning to civilian life.
- If eligible, the 180-day TAMP period begins the day after you separate from active duty. You have 90 days from the start of TAMP to enroll or reenroll in a TRICARE plan.
- Under TAMP, you and your eligible family members are covered as ADFMs. You may choose to enroll or reenroll in TRICARE Prime, if you live in a Prime Service Area, or TRICARE Prime Overseas, if available. You may also enroll in TRICARE Select or in the US Family Health Plan, or USFHP, if available.

Note: TPR and TPR Overseas aren't available under TAMP.

- For more information, go to www.tricare.mil/TAMP.

TAMP Eligibility

- You and your eligible family members may get TAMP health care benefits after active duty if you:
 - Involuntarily separate from active duty under honorable conditions. This includes service members who receive a voluntary separation incentive or voluntary separation pay and aren't entitled to retirement pay.
 - Are a National Guard or Reserve member separating from a period of active duty that was more than 30 consecutive days in support of a contingency operation or 12304b orders
 - Separate following involuntary retention (stop-loss) in support of a contingency operation
 - Separate following a voluntary agreement to stay on active duty for less than one year in support of a contingency operation
 - Separate and agree to immediately become a member of the Selected Reserve with no gap in service
 - Separate due to a sole-survivorship discharge
 - Are a National Guard member separating from a period of more than 30 consecutive days of active duty under 502(f) Title 32 orders, who served in support of a national disaster declared by the President or the Secretary of Defense

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 - Separate following involuntary retention (stop-loss) in support of a contingency operation or 12304b orders
 - Separate following a voluntary agreement to stay on active duty for less than one year in support of a contingency operation
 - Separate and agree to immediately become a member of the Selected Reserve with no gap in service
 - Separate due to a sole-survivorship discharge
 - Are a National Guard member separating from a period of more than 30 consecutive days of active duty under 502(f) Title 32 orders, who served in support of a national disaster declared by the President or the Secretary of Defense.
- You aren't eligible for TAMP while still on:
 - Terminal leave
 - Authorized excess leave

– Permissive temporary duty

- Remember: The services determine TAMP eligibility and DEERS reflects that status. If you have questions about your eligibility, contact your personnel office or command unit representative.

Transitional Coverage

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- **Optional Presenter Comment:** Next, we'll discuss transitional coverage when separating from active duty.

Plan Options

TRICARE Prime®	TRICARE Select®
Available in Prime Service Areas	Available anywhere
Enrollment required	Enrollment required
Get most care from a PCM	Freedom to choose your provider <ul style="list-style-type: none"> • Network = lower costs • Non-network = higher costs
Need a PCM referral for care your PCM can't provide to avoid additional charges	Referrals not necessary; pre-authorization from your regional contractor may be required
No deductibles or cost-shares	Deductible, copayments and cost-shares apply

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- This slide provides an overview of the differences between TRICARE Prime and TRICARE Select and can help you determine which program is right for you.
- TRICARE Prime is **only** available in PSAs or within 100 miles of an available PCM. PSAs are geographic areas, typically near military hospitals or clinics, where TRICARE Prime is offered.
 - To determine if you live in a PSA, go to www.tricare.mil/psa.
 - If you don't live in a PSA, you can enroll in TRICARE Select.
 Please note: If you don't enroll in TRICARE Prime or TRICARE Select, you'll only be eligible for care at military hospitals and clinics if space is available.
- Enrollment or reenrollment is required for both TRICARE Prime and TRICARE Select once your TAMP eligibility shows in DEERS.
- TRICARE Prime is a managed care option, meaning you will have a PCM who provides most of your care. TRICARE Select beneficiaries may see any TRICARE-authorized provider for care.
- Under TRICARE Prime, you will need a referral from your PCM for specialty care, which is care your PCM can't provide. Referrals aren't required for most health care services under TRICARE Select, but some services require pre-authorization from your regional contractor. Go to your regional contractor's website to see which services require prior approvals or authorizations.
- There are no enrollment fees under either program during the 180-day TAMP period. TRICARE Prime beneficiaries don't have to pay a deductible or cost-shares for covered services as long as they follow TRICARE Prime referral and pre-authorization rules. TRICARE Select beneficiaries are responsible for a deductible each calendar year, which is Jan. 1 through Dec. 31, and cost-shares.

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.

Continued Health Care Benefit Program

- Premium-based, continued health care coverage
- Available for 18-36 months after you lose all TRICARE eligibility
- Similar to TRICARE Select, but with premium payments
- No dental benefits
- Requires enrollment within 60 days after loss of regular TRICARE eligibility or TAMP coverage

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- Once regular TRICARE eligibility or TAMP coverage ends, you may qualify to purchase coverage under CHCBP. CHCBP is a premium-based health care program administered by Humana Military.
- CHCBP is available to former uniformed service members, their qualified family members, former spouses who haven't remarried before age 55, and dependent children.
- If you qualify, CHCBP provides you and your family members with continued health care coverage for 18 to 36 months after you lose all TRICARE eligibility. Certain former spouses who haven't remarried before age 55 may qualify for an unlimited duration of coverage.
- Though not a TRICARE program, CHCBP offers coverage comparable to TRICARE Select with similar benefits, providers, and program rules. The main differences between the programs are that premium payments are required for CHCBP coverage, and CHCBP beneficiaries aren't legally entitled to space-available care at military hospitals and clinics.
- There are no dental benefits under CHCBP.
- If you qualify, you can purchase CHCBP coverage within 60 days of losing your regular TRICARE eligibility or TAMP coverage, whichever is later.
- You must purchase coverage in 90-day increments.

Qualifying for CHCBP

- Former ADSMs and their qualifying family members (up to 18 months)
- Former National Guard and Reserve members (up to 18 months)
- Certain former spouses who haven't remarried before age 55 (up to 36 months)
- Dependent spouses and children (up to 36 months)

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- You may qualify to purchase CHCBP if you are not TRICARE-eligible (including TAMP) and are:
 - A former ADSM or qualifying family member of a former ADSM who was released or discharged under other-than adverse conditions, was entitled to medical care under a military health plan, and who isn't eligible for any benefits under TRICARE or TAMP.
 - A former member of the Selected Reserve, member of the Retired Reserve, and their eligible family members upon termination of coverage under TRS or TRICARE Retired Reserve, or TRR, due to release or discharge
 - Members of the Selected Reserve or Retired Reserve not enrolled in TRS or TRR before separating from active duty aren't qualified to purchase CHCBP coverage.
 - A former spouse who hasn't remarried before age 55 and was covered under TRICARE or TAMP as a dependent of a current or former service member on the day before the date of the final decree of divorce, dissolution, or annulment, and who isn't eligible for TRICARE as a former spouse of a member or former member of the uniformed services
 - A dependent spouse or child who ceases to meet requirements as a dependent of a member or former member of the uniformed services, was covered under TRICARE, TAMP, or TRICARE Young Adult, or TYA, as a dependent of a member or former member of the uniformed services on the day before ceasing to meet the requirements for being considered a dependent and who isn't otherwise eligible for TRICARE
- CHCBP provides up to 18 months of coverage for eligible former ADSMs and their qualifying family members and up to 36 months of coverage for all other qualifying beneficiaries.

Note: Your service branch determines if you qualify.

- Go to www.tricare.mil/chcbp for more information about CHCBP.

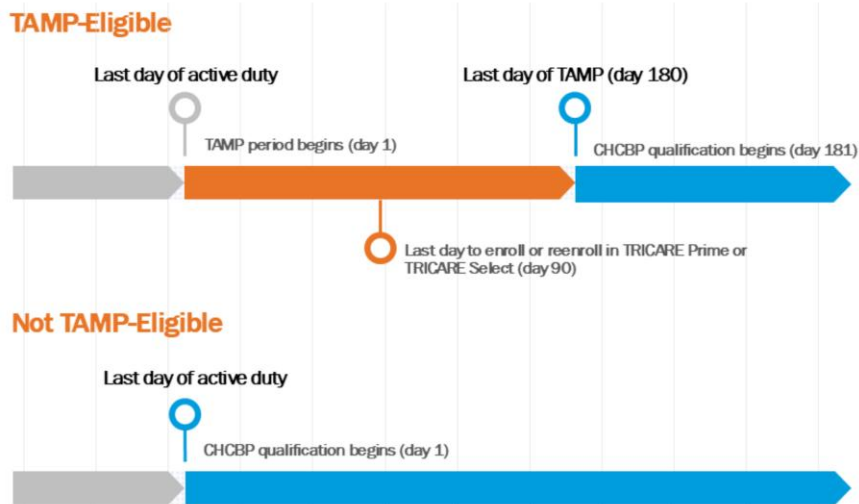
Purchasing CHCBP

- Purchase CHCBP coverage within 60 days of loss of regular TRICARE eligibility or TAMP coverage.
- Fill out the *Continued Health Care Benefit Program Application* (DD Form 2837):
 - Download the form at www.tricare.mil/forms.
 - Call Humana Military at 800-444-5445.
- Provide a 90-day premium payment:
 - Go to www.tricare.mil/costs for information on costs.

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- If you qualify, you must purchase CHCBP coverage within 60 days of loss of regular TRICARE eligibility or TAMP coverage, whichever is later.
- To enroll, fill out the *Continued Health Care Benefit Program Application*, which is *DD Form 2837*, available at www.tricare.mil/forms or by calling **800-444-5445**.
- Be sure to provide the premium payment for the first 90 days.
 - Go to www.tricare.mil/costs for information on costs.

Transitional Coverage Timeline



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- This slide shows the timeline for transitional health care benefits.
- If eligible, the 180-day TAMP period begins the day after you separate from active duty.
- For continuous TRICARE Prime or TRICARE Select coverage during TAMP, you may elect to enroll or reenroll in TRICARE Prime or TRICARE Select within 90 days of your eligibility for TAMP.
- CHCBP qualification begins the day after you separate from active duty, or, if applicable, the day after your TAMP period ends.
- Remember, enrollment in CHCBP must occur within 60 days of losing regular TRICARE eligibility or TAMP coverage, whichever is later.
- TAMP eligibility of 180 days is never "stored" or "banked."
 - For example: A Reserve component member becomes eligible for TAMP, and on day 31, they receive new active-duty orders for 60 days. When they come off those orders, they'd have 90 days remaining of TAMP eligibility. If the orders qualified for TAMP eligibility, then a new 180 days would begin on the 61st day.

Benefit Information

- **Optional Presenter Comment:** We'll now discuss benefit information for those separating from active duty.

TRICARE and Medicare

- TRICARE For Life is Medicare-wraparound coverage for TRICARE beneficiaries who have Medicare Part A and Part B, regardless of age or where you live.
- You aren't required to have Medicare Part B if you're an ADSM, ADFM, or enrolled in TRICARE Young Adult, TRICARE Reserve Select, TRICARE Retired Reserve, or USFHP.
 - Terminal leave of TAMP would be considered active duty status. If the ADSM or ADFM is eligible for Medicare, they could be eligible for TFL.
- If you don't sign up for Medicare Part B when you're first eligible, you may only be able to enroll during the Medicare general enrollment period.
- If you sign up for Medicare Part B after your initial enrollment period, you may have to pay a late-enrollment penalty.

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- TRICARE For Life is Medicare-wraparound coverage for TRICARE beneficiaries who have Medicare Part A and Part B, regardless of age or where you live.
- You're not required to have Medicare Part B if you're an ADSM, ADFM, or enrolled in TYA, TRS, TRR, or USFHP, but you are strongly encouraged to sign up for Medicare Part B when first eligible to avoid paying a premium surcharge if you sign up later.
 - Terminal leave of TAMP would be considered active duty status. If the ADSM or ADFM is eligible for Medicare, they could be eligible for TFL.
- If you don't sign up for Medicare Part B when you're first eligible, you may only be able to enroll during the Medicare general enrollment period, which occurs each year from Jan. 1 through March 31, and your Medicare Part B coverage will be effective July 1 of the year you enroll.
- If you sign up after your initial enrollment period for Medicare Part B, you may have to pay a late-enrollment penalty for as long as you have Medicare Part B. The Medicare Part B surcharge is 10% for each 12-month period that you were eligible to enroll in Medicare Part B but didn't. For specific information about your Medicare Part B premium amount or late-enrollment penalty amount, contact the Social Security Administration at **800-772-1213**.
- Medicare allows ADSMs and ADFMs who are entitled to Medicare based on age or disability (doesn't apply to those with end-stage renal disease) to delay Part B enrollment and sign up during a special enrollment period, which waives the late-enrollment penalty.
 - The special enrollment period for ADSMs and ADFMs is available anytime the sponsor is on active duty or within the first eight months following either the month your sponsor's active duty status ends or the month TRICARE coverage ends, whichever comes first.
 - To avoid a break in TRICARE coverage, ADSMs and ADFMs must sign up for Medicare Part B before their sponsor's active duty status ends.

TRICARE and Other Health Insurance

- Other health insurance is considered your primary health insurance.
- For services covered by Medicare, OHI, and TRICARE, Medicare pays first, your OHI pays second, and TRICARE pays last.
- After your OHI pays, TRICARE will pay the lesser of:
 - The billed amount, 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.

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- You can get other health insurance, or OHI, during your transition. OHI is any non-TRICARE health benefit you get through an employer or other public or private insurance program, including government programs such as Medicare.
- If you have OHI, it is 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 does not 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 the OHI's rules for getting care.
 - Make sure your provider knows you have OHI 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 are generally not 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. If you have USFHP, you have 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.

Dental Coverage

Beneficiary Group	Terminal Leave	Enrollment Costs	CHCBP
ADSMs	<ul style="list-style-type: none"> Seek care at military dental clinics May be eligible for the Active Duty Dental Program 	<ul style="list-style-type: none"> Care at military dental clinics if space is available 	<ul style="list-style-type: none"> No dental benefits
ADFMs	<ul style="list-style-type: none"> Remain enrolled in the TRICARE Dental Program 	<ul style="list-style-type: none"> Care at military dental clinics if space is available 	<ul style="list-style-type: none"> No dental benefits

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- Service members on terminal leave continue to receive active duty dental benefits.
 - You may continue to seek care at military dental clinics and may be eligible for care in civilian dental offices through the Active Duty Dental Program, or ADDP, if you have a referral **or** have a duty location and residence more than 50 miles from a military dental clinic. For more information, go to **www.addp-ucci.com**.
 - If your family members are in the TRICARE Dental Program, or TDP, they can remain enrolled and continue to pay active duty rates until the end of your terminal leave period. All care must be completed before the end of your terminal leave.

Note: If you see a civilian dentist without a referral, you'll be responsible for the complete cost of dental services.

- During the 180-day TAMP period, service members and their family members may seek care at military dental clinics if space is available. However, space-available care is very limited.
 - National Guard and Reserve members who were activated for more than 30 days in support of a contingency operation may continue to seek care at military dental clinics and may be eligible for care in civilian dental offices through the ADDP.
 - If you remain in or transition to the Selected Reserve or Individual Ready Reserve after TAMP, you and your family members may be eligible for the TDP. Go to **www.uccitdp.com** for more information.
- There aren't any dental benefits under CHCBP.

Other Important Information

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

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.



- 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.