

# Transitioning From Active Duty to Retirement

## Health Care Coverage Options as You Approach Retirement

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**ATTENTION PRESENTER:** To ensure that TRICARE beneficiaries receive the most up-to-date information about their health benefits, you must visit [www.tricare.mil/briefings](http://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:** 20 minutes

- **Target Audience:**

Active duty service members nearing military retirement based on years of service, and their family members.

- **Estimated Briefing Time:** 30 minutes

- **TRICARE Resources:** Visit [www.tricare.mil/publications](http://www.tricare.mil/publications) to view, print, or download copies of TRICARE educational materials. Suggested resources include *TRICARE Retiring From Active Duty Brochure* and *TRICARE Plans Overview Fact Sheet*.

- **Briefing Objectives:**

- Increase understanding of the TRICARE benefit and educate beneficiaries on their program

options as they transition to retirement.

- **Optional Presenter Comments:** Welcome to TRICARE's Transitioning From Active Duty to Retirement briefing. As you approach retirement from active duty service, you and your family members have some important decisions to make regarding health care coverage. TRICARE will still be here for you once you retire, but there are different options to consider and certain actions you must take.

## Today's Agenda

- Preparing for Retirement
- TRICARE® Plan Options
- TRICARE Benefit Information
- For Information and Assistance

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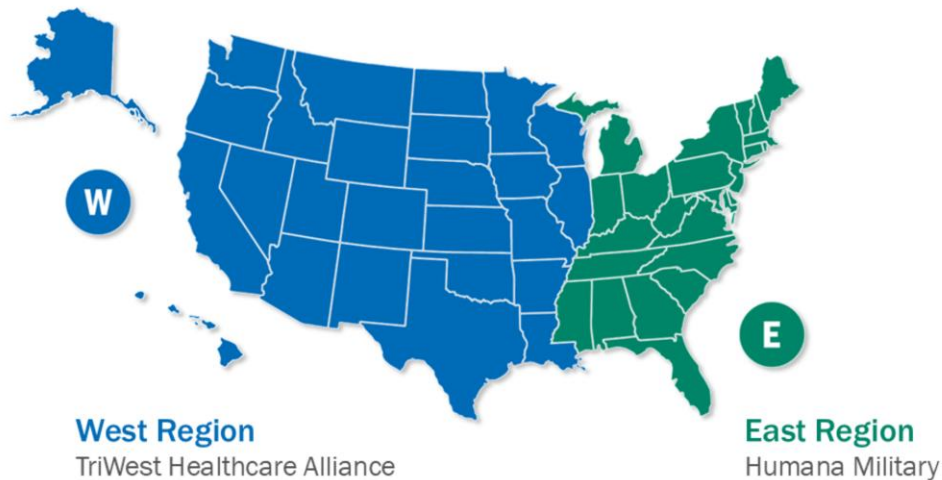
- During today's briefing, we'll discuss health care and transitional coverage options that are available to you as you separate from active duty. Benefit information, including pharmacy options and dental programs, will be covered.
- Finally, we'll provide resources for getting assistance and finding answers to any additional questions.
- To learn more about TRICARE options, go to **[www.tricare.mil](http://www.tricare.mil)**.
- To get TRICARE news and publications by email, sign up at **[www.tricare.mil/subscriptions](http://www.tricare.mil/subscriptions)**.
- To sign up for benefit emails about your eligibility and enrollment changes, go to **<http://milconnect.dmdc.osd.mil>**.

## Preparing for Retirement

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- **Optional Presenter Comment:** First, we'll discuss preparing for retirement.

## TRICARE Stateside Regions



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- TRICARE is available worldwide and administered regionally. There are two TRICARE regions in the United States—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.

## 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 are 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](http://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](http://www.tricare.mil/deers).

## Medicare-Eligible Family Members

- To remain eligible for TRICARE, you must be eligible for Medicare Part A and have Medicare Part B:
  - Sign up for Medicare Part B before your sponsor’s retirement date to avoid a break in TRICARE coverage. Medicare Part B is effective the month after you enroll.
- Beneficiaries under age 65 who are eligible for Medicare Part A and have Part B may:
  - Enroll in TRICARE Prime (enrollment fee waived)
  - Be covered by TRICARE For Life
- For Medicare information, visit:
  - [www.ssa.gov](http://www.ssa.gov)
  - [www.medicare.gov](http://www.medicare.gov)

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- An individual may become eligible for Medicare Part A benefits because of age, disability, or disease.
- If you’re nearing retirement and you or a family member is currently eligible for Medicare Part A:
  - Sign up for Medicare Part B before your sponsor’s retirement date to avoid a break in TRICARE coverage. Medicare Part B is effective the month after you enroll.
- **Note:** If you or a family member qualifies for Social Security disability benefits or is diagnosed with end-stage renal disease, and you decline Medicare Part B coverage, you’ll lose TRICARE eligibility.
- Beneficiaries under age 65 who are eligible for Medicare Part A and have Part B:
  - May continue enrollment in TRICARE Prime. In this case, the annual TRICARE Prime enrollment fee is waived.
  - May use TRICARE For Life, or TFL. We’ll discuss TFL later in this briefing.
- For more information about Medicare Part B coverage, visit the Social Security Administration website at [www.ssa.gov](http://www.ssa.gov).
- You can find additional Medicare information at [www.medicare.gov](http://www.medicare.gov).

## Terminal Leave Status

- Current TRICARE program options stay in effect until your retirement date. If covered under TRICARE Prime:
  - Active duty service members can't enroll with another military hospital or clinic.
  - ADSMs can't switch their primary care manager.
- If you move to a new area:
  - Coordinate all care with your current PCM.
  - Family members may be able to change their PCMs.
- Remember to update your information in DEERS.

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- If you go on terminal leave prior to retirement, you and your family remain covered by your current TRICARE program until your retirement date.
  - If covered under TRICARE Prime, you're considered part of your current unit until your retirement date. Active duty service members, or ADSMs, can't switch their military hospital or clinic or their primary care manager, or PCM.
- If you go on leave and move to a different area:
  - You must coordinate all care with your current PCM.
  - Your family members may be able to switch to a military hospital or clinic or civilian network PCM in your new area before your retirement date. To do so, your new location must be in a Prime Service Area, or PSA.
  - Your family members may be able to enroll in TRICARE Select in your new location.
  - To see what plans are available in your new location, use the TRICARE Plan Finder tool available at **[www.tricare.mil/planfinder](http://www.tricare.mil/planfinder)**.
  - Remember to update your information in DEERS.

## TRICARE Eligibility After Retirement

- Retired service members
- Spouses, surviving spouses, and qualifying former spouses
- Unmarried dependent children (certain eligibility requirements apply)
- Dependent parents aren't eligible for civilian TRICARE benefits; however, they may be eligible to receive care at certain military hospitals and clinics if space is available.
- For more information, visit [www.tricare.mil/retiring](http://www.tricare.mil/retiring).

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- Your eligibility as a retired service member begins the day you retire.
- Your spouse also remains eligible for TRICARE benefits. Surviving spouses and qualifying former spouses who haven't remarried also remain TRICARE-eligible. Former spouses who haven't remarried should check with their service personnel office to determine eligibility.
- Unmarried dependent children, including stepchildren of retired service members, are eligible for TRICARE benefits. Certain eligibility requirements apply.
- Dependent parents or parents-in-law aren't eligible for civilian TRICARE benefits; however, they may be eligible to receive care at certain military hospitals and clinics if space is available.

## TRICARE Plan Options

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

# TRICARE Coverage for Retirees

- You must enroll in a TRICARE Prime or TRICARE Select plan to continue coverage.
- You may enroll:
  - **Online:** Use Beneficiary Web Enrollment by logging in to <https://milconnect.dmdc.osd.mil> (stateside enrollment only).
  - **Phone:** Call your regional contractor (once your retired status is reflected in DEERS).
  - **Mail:** Download the appropriate enrollment form at [www.tricare.mil/forms](http://www.tricare.mil/forms) and mail it to your regional contractor.
- For enrollment fees, premium amounts, and copayments, visit [www.tricare.mil/costs](http://www.tricare.mil/costs).

**Note:** TRICARE Prime Remote options and TRICARE Prime Overseas options aren't available after retirement.

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- When you retire and are under age 65, you must enroll in an eligible TRICARE Prime or TRICARE Select plan to continue coverage. We'll discuss TRICARE plan options later in this presentation.
- You should enroll in a TRICARE plan when you're first eligible or within 90 days of your retirement date. If you don't enroll in a plan, you'll only be eligible for care at a military hospital or clinic if space is available. You then can only enroll in a TRICARE plan during TRICARE Open Season or after you or a family member experiences a TRICARE Qualifying Life Event. For more information, visit [www.tricare.mil/openseason](http://www.tricare.mil/openseason) and [www.tricare.mil/lifeevents](http://www.tricare.mil/lifeevents).
- **Retroactive Enrollment Exception:** If you don't enroll within 90 days of your retirement date, you may also be able to request a retroactive enrollment from your regional contractor. Coverage is effective on the sponsor's retirement date. And any enrollment fees, copayments, or cost-shares must be paid back to the retirement date.
- **Note:** Sponsors may enroll in TRICARE Prime or TRICARE Select prior to their retirement date if their pending retirement date has been recorded by their service in DEERS.
- You can enroll in TRICARE Select worldwide. However, you may enroll in TRICARE Prime if you live in a PSA in the U.S. or within 100 miles of an available PCM.
- You must enroll in TRICARE Prime or TRICARE Select to continue TRICARE coverage. If you're eligible for Medicare Part A and have Part B, you're covered by TFL, which we'll discuss later in this presentation.
- If you decide to enroll in TRICARE Prime, you must enroll prior to or within 30 days after your retirement date to have continuous TRICARE Prime coverage. The effective date of coverage will be the date of your retirement.
- There are three ways to enroll in TRICARE Prime or TRICARE Select:
  - **Online:** Use the Beneficiary Web Enrollment website at <https://milconnect.dmdc.osd.mil>.
  - **Phone:** Call your regional contractor (once your retired status is reflected in DEERS).
  - **Mail:** Download the TRICARE Prime or TRICARE Select enrollment form at [www.tricare.mil/forms](http://www.tricare.mil/forms)

and mail it to your regional contractor.

- With TRICARE Prime and TRICARE Select, retirees pay enrollment fees and copayments.
- If you have questions about your enrollment or costs, visit **[www.tricare.mil](http://www.tricare.mil)**.

– **Note:** TRICARE Prime Remote options and TRICARE Overseas Program Prime options aren't available after retirement.

## TRICARE Prime

- Enroll with a military hospital or clinic (if space is available), TRICARE civilian network provider within a Prime Service Area, or US Family Health Plan provider.
- Obtain a PCM referral for civilian specialty care (otherwise, higher costs apply).
- Military hospitals and clinics have the first option to deliver nonemergency care within the PSA.
- If you plan to travel or move:
  - **Routine care:** Receive care before you travel.
  - **Urgent care:** Call your PCM or regional contractor for assistance.
  - **Emergency care:** Call 911 or go to the nearest emergency room.
  - **Seasonal moves:** Transfer your enrollment to keep costs low.

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- With TRICARE Prime, your PCM handles routine care and referrals. You can receive care from a PCM at a military hospital or clinic if space is available. (Keep in mind, that ADSMs and their family members have priority at military hospitals and clinics). If there's no space available at the military hospital or clinic, and if you live in a PSA, you can receive care from a TRICARE civilian network provider. Beneficiaries are also eligible to enroll with a primary care physician in the US Family Health Plan, which we'll be later.
- For civilian specialty care, obtain a PCM referral before seeking care to avoid higher out-of-pocket costs. You may be referred to a military hospital or clinic for specialty care based, because the military hospital or clinic has the first option to deliver nonemergency care within the PSA. When a TRICARE Prime beneficiary seeks specialty care or treatment, the military hospital or clinic must first be considered if the services are available there. This means if the military hospital or clinic has the capability to provide specialty care, it may choose to treat you rather than refer you to a civilian provider.
- If traveling or moving, coordinate care before leaving.
  - Receive routine care before traveling.
  - Urgent care can be received without a referral. You can call your PCM or regional contractor for assistance.
  - In an emergency, call 911 or go to the nearest emergency room. Referrals aren't required, but, if admitted, your regional contractor must be notified within 24 hours or on the next business day to coordinate ongoing care.
- If you expect to be away for more than 60 days, consider transferring your enrollment to maintain routine care to keep your costs low.

## TRICARE Prime Point-of-Service Option

- Point-of-service option:
  - Applies when nonemergency care is provided by a TRICARE-authorized provider without a PCM referral
  - Results in higher out-of-pocket costs
- TRICARE pays only if the provider is TRICARE-authorized and services are covered by TRICARE.
- Contact your PCM for a referral when seeking routine and specialty care to avoid POS charges.
- POS deductibles per calendar year (Jan. 1–Dec. 31): **\$300/individual; \$600/family.**
  - TRICARE pays 50% of the TRICARE-allowable charge.
  - Doesn't count toward your annual catastrophic cap

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- With TRICARE Prime, the POS option is used to receive nonemergency care from any TRICARE-authorized provider without a PCM referral.
- Using the POS option does not require you to disenroll from TRICARE Prime but results in higher out-of-pocket costs.
- When you use the POS option, the providers you see must be TRICARE-authorized and the services you receive must be covered by TRICARE, or they won't be paid. You'll be responsible for the full cost of your care.
- To avoid POS charges, contact your PCM for a referral when seeking routine or specialty care.
- POS deductibles per calendar year are \$300 per individual and \$600 per family.
  - After you meet your deductible, TRICARE pays 50% of the TRICARE-allowable charge.
  - Keep in mind that POS deductibles and cost-shares don't apply toward the calendar year catastrophic cap.
- **Note:** The POS option doesn't apply to ADSMs or newborns and adopted children during the first 60 days (or 120 days overseas) after birth or adoption, the first eight outpatient mental health care visits per calendar year to a network provider for a medically diagnosed and covered condition, clinical preventive services from network providers, emergency care, or beneficiaries with other health insurance.

# 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](http://www.tricare.mil/USFHP).

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

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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](http://www.tricare.mil/USFHP).

## TRICARE Select

- TRICARE Select is a self-managed, preferred-provider option for eligible beneficiaries (except ADSMs and TRICARE For Life beneficiaries) not enrolled in TRICARE Prime.
- With TRICARE Select you have the freedom to choose providers.
- Referrals aren't required.
- Yearly deductible and cost-shares apply.
- Enrollment in TRICARE Select is required.
- Some services require pre-authorization.
  - Visit your regional contractor's website for services that require pre-authorization.
- In overseas locations, TRICARE Select Overseas is available to eligible family members not enrolled in TRICARE Prime Overseas.

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- As an ADSM, you weren't eligible to enroll in TRICARE Select. But now that you're retiring, if you choose not to reenroll in TRICARE Prime, you may enroll in TRICARE Select. TRICARE Select offers the flexibility and freedom to choose your health care provider.
- With TRICARE Select, you can see any provider you choose, but you save money when you use TRICARE network providers.
- You must be registered in DEERS, and enrollment is required.
- There's a yearly deductible for TRICARE services, and you pay cost-shares for most services.
- Referrals aren't required for most health care services, but some services require pre-authorization from your regional contractor.
- In overseas locations, TRICARE Select Overseas is available to eligible family members not enrolled in TRICARE Prime Overseas.
- Visit [www.tricare.mil/select](http://www.tricare.mil/select) for more information and costs.

## TRICARE Select: Getting Care

- Under TRICARE Select:
  - If you use a network provider:
    - You'll pay a fixed fee for care.
    - Your out-of-pocket costs will be lower if you use a network provider.
  - If you use a non-network, TRICARE-authorized provider:
    - You'll have a higher deductible and out-of-pocket costs.
    - You can invite your provider to become a TRICARE network provider.

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- Your out-of-pocket costs will be lower when you see a TRICARE-network provider. A network provider has agreed to accept the contracted rate as payment in full for covered health care services. They also file claims for you. To find a network provider, go to [www.tricare.mil/findaprovider](http://www.tricare.mil/findaprovider), or contact your regional contractor.
- If you're seeing a non-network provider, **before you get care**, ask if they accept TRICARE and are authorized to get paid by TRICARE. If not, invite the provider to become TRICARE-authorized. The provider simply needs to contact your TRICARE regional contractor for more information.
- Remember, beneficiaries who see non-network providers may have to file their own claims.

## TRICARE Select Overseas

- Freedom to choose providers from a purchased care sector provider in your overseas area. (Different rules apply in the Philippines.)
- No referrals are required.
- Yearly deductible and copayments apply.
- Enrollment is required.
- Some services require pre-authorization.
- Expect to file your own claims.
- You may receive medically necessary covered services from a non-network, TRICARE-authorized provider, if a network provider isn't available.
  - You'll be subject to cost-sharing amounts applicable to non-network care.

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- TRICARE Select Overseas works like stateside TRICARE Select with similar benefits, requirements, and costs.
- You must be registered in DEERS and show as eligible to be enroll in TRICARE Select Overseas.
- There's an annual deductible and copayments with TRICARE Select Overseas.
  - Your annual deductible is the amount you must pay each calendar year for covered outpatient benefits before TRICARE begins to cost-share.
  - Once you meet your deductible, you'll pay a copayment for health care based on the type of care you get and your beneficiary category.
- Under TRICARE Select Overseas, you may generally seek care from any purchased care sector provider, which is an authorized civilian provider in your overseas area, without a referral, unless local country restrictions apply.
  - If you live or travel in the Philippines, you're encouraged to see a preferred provider for care. We'll provide more information on restrictions within the Philippines later in this presentation.
  - Individuals in other locations should check if restrictions on certified providers apply in their area by contacting the TRICARE Overseas Regional Call Center using the information at the end of this presentation.
- When you see a purchased care sector provider, be prepared to pay up front for care and file claims, including proof of payment, with the TRICARE Overseas claims processor for reimbursement. No

referrals are required, but some services require pre-authorization. These services will be listed later in this presentation. For more information, go to [www.tricare.mil/select](http://www.tricare.mil/select).

## TRICARE Young Adult

- TRICARE Young Adult is a premium-based health care plan available for purchase by qualified young-adult dependents. You may qualify to purchase TYA coverage if you're all of the following:
  - An unmarried dependent of a TRICARE-eligible uniformed service sponsor
  - At least age 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 have not yet reached age 26
  - Not eligible for an employer-sponsored health plan under your own employment as defined in TYA regulations
  - Not otherwise eligible for TRICARE program coverage
- For more information, visit [www.tricare.mil/tya](http://www.tricare.mil/tya).

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- TRICARE Young Adult, or TYA, is a premium-based health care plan available for purchase by qualified young adult dependents.
- You may qualify to purchase TYA coverage if you're all of the following:
  - A dependent of a TRICARE-eligible uniformed service sponsor
  - Unmarried
  - At least age 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 percent of the financial support), but have not yet reached age 26
- You may **not** purchase TYA coverage if you're:
  - Eligible for an employer-sponsored health plan under your own employment as defined in TYA regulations
  - Otherwise eligible for TRICARE program coverage, including Selected Reserve members who are eligible to purchase TRICARE Reserve Select
  - Married
- TYA offers TRICARE Prime and TRICARE Select coverage worldwide, and eligibility is determined by the sponsor's status.
- TYA includes medical and pharmacy benefits. It doesn't include dental coverage.
- For more information, visit [www.tricare.mil/tya](http://www.tricare.mil/tya).

## TRICARE For Life

TRICARE For Life is Medicare-wraparound coverage for TRICARE beneficiaries who are entitled to Medicare Part A and have Medicare Part B, regardless of age or place of residence.

- Beneficiaries eligible for Medicare Part A and who have Medicare Part B:
  - Are automatically covered under TFL. There are no enrollment forms or enrollment fees
  - Should obtain a new Uniformed Services ID card at age 65
  - May get care from any Medicare participating, non-participating, or opt-out provider, or military hospital or clinic if space is available
- For more information on TFL, visit [www.tricare.mil/tfl](http://www.tricare.mil/tfl), or call 866-773-0404.

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- TRICARE For Life, or TFL, is Medicare-wraparound coverage for TRICARE beneficiaries who have Medicare Part A and Medicare Part B, regardless of age or place of residence. WPS Government Services administers TFL.
- There are no enrollment fees for TFL, but you do need to have Medicare Part B even if you live overseas where Medicare is not offered. Medicare does not cover care received overseas, so TRICARE becomes the primary payer and you are responsible for the annual deductible and cost-shares.
- TFL beneficiaries in the U.S. and U.S. territories may get care from any Medicare-participating, nonparticipating, or opt-out provider, or military hospital or clinic on a is space is available. Medicare-participating providers agree to accept the Medicare-approved amount as payment in full. Medicare non-participating providers don't accept the Medicare-approved amount as payment in full. They may charge up to 15 percent above the Medicare-approved amount, a cost that will be covered by TFL.
- Providers who opt out of Medicare and enter into private contracts with patients aren't allowed to bill Medicare. Therefore, Medicare doesn't pay for health care services you receive from opt-out providers. When you see an opt-out provider, TFL pays the amount it would have paid (normally 20 percent of the allowable charge) if Medicare had processed the claim; you're then responsible for paying the remainder of the billed charges.
  - The Department of Veterans Affairs, or VA, providers can't bill Medicare, and Medicare can't pay for services received from the VA. If you're eligible for both TFL and VA benefits and elect to use your TFL benefit for non-service connected care, you'll incur significant out-of-pocket expenses when seeing a VA provider. By law, TRICARE can only pay up to 20 percent of the TRICARE-allowable amount. If you receive care at a VA facility, you may be responsible for the remaining amount. When using your TFL benefit, your least expensive options are to see a Medicare participating or Medicare non-participating provider.

## Using TFL Overseas

- For overseas locations outside the U.S. and U.S. territories, TFL works like TRICARE Select. You may visit any host nation provider for care.\*
- Claims are filed with the TOP claims processor.
  - For more information, visit [www.tricare-overseas.com](http://www.tricare-overseas.com).

\* If you live or travel in the Philippines, you're encouraged to see a preferred provider for care. For more information, visit [www.tricare.mil/philippines](http://www.tricare.mil/philippines).

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- Overseas, beneficiaries may receive care from any host nation provider. A referral is not needed, but prior authorization is required for certain services. Contact your TOP Regional Call Center for prior authorization.
- When obtaining health care from host nation providers, expect to pay for your care at the time of service. You're responsible for filing claims with the TOP claims processor for reimbursement. For more information, visit [www.tricare.mil/costs](http://www.tricare.mil/costs).
- **Note:** If you live or travel in the Philippines, you're encouraged to see a preferred provider for care. For more information, visit [www.tricare.mil/philippines](http://www.tricare.mil/philippines).
- Beneficiaries may also receive care at military hospitals and clinics if space is available.
- For more information, visit [www.tricare-overseas.com](http://www.tricare-overseas.com).

## TRICARE Benefit Information

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

# 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](http://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](http://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](http://www.tricare.mil/pharmacy).

## TRICARE and Other Health Insurance

- Other health insurance (includes national health insurance overseas) is considered your primary health insurance.
- TRICARE is the last payer to all other health benefits and insurance plans except for Medicaid, TRICARE supplements, the Indian Health Service, and other programs and plans as identified by the Defense Health Agency.
- If you have OHI:
  - Fill out and submit your regional contractor's *TRICARE Other Health Insurance Questionnaire* at [www.tricare.mil/forms](http://www.tricare.mil/forms).
  - Follow your OHI's rules for pre-authorizations and filing claims.
  - Tell your provider about your OHI and TRICARE.
  - Show your provider your OHI card.

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- Other health insurance, or OHI, (includes national health insurance overseas) is any non-TRICARE health benefit you receive through an employer or other public or private insurance program, including government programs such as Medicare.
- If you have OHI, it is your primary health insurance and TRICARE pays last.
  - Your provider files a claim with your OHI first and TRICARE pays what is left, up to the TRICARE-allowable amount.
  - If your OHI runs out, or for services covered by TRICARE that are not covered by your OHI, TRICARE becomes the primary payer.
- **Note:** TRICARE is the last payer to all other health benefits and insurance plans except for Medicaid, TRICARE supplements, the Indian Health Service, and other programs and plans as identified by the Defense Health Agency.
- If you have OHI:
  - Fill out and submit your regional contractor's *TRICARE Other Health Insurance Questionnaire*. Download the questionnaire from [www.tricare.mil/forms](http://www.tricare.mil/forms).
  - You must follow your OHI's prior authorization requirements and rules for filing claims. If your OHI denies a claim for failure to follow its rules, TRICARE may also deny your claim.
  - Be 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.
  - Show your provider your insurance card.
- TRICARE referrals and pre-authorizations are generally not required, with some exceptions.
  - Visit your regional contractor's website or contact them about pre-authorization requirements.

## Pharmacy Benefits with OHI

- OHI is always the primary payer:
  - Use OHI first, then submit claims to TRICARE.
- You may still use military pharmacies.
- You may use TRICARE Pharmacy Home Delivery or TRICARE retail network pharmacies only if:
  - OHI doesn't cover your prescription.
  - You've reached your OHI's benefit cap.

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- You must always file claims with your OHI first. Your OHI is the primary payer and TRICARE is the last payer.
  - If prescription drugs are covered by your OHI, use that benefit first, then submit a claim to TRICARE for reimbursement.
- Even if your OHI provides prescription coverage, you may fill prescriptions at military pharmacies. Be sure your military pharmacy knows you have OHI.
- You may use TRICARE Pharmacy Home Delivery or TRICARE retail network pharmacies only if:
  - Your prescription isn't covered by your OHI, or
  - You've reached your OHI's benefit cap.
- Some retail network pharmacies may coordinate claims with your OHI. Check with your pharmacy to see if it offers this additional service.

## Federal Employees Dental and Vision Insurance Program

- The U.S. Office of Personnel Management offers eligible TRICARE beneficiaries the option to enroll in a FEDVIP dental plan.
- FEDVIP offers a range of plans from a number of dental plans.
- FEDVIP is available to:
  - Retired service members and their eligible family members
  - Certain retired National Guard and Reserve members and their family members
  - Certain survivors
  - Medal of Honor recipients and their immediate family members or survivors
- Former spouses and remarried surviving spouses don't qualify to purchase dental coverage.

For FEDVIP plans and enrollment information, visit [www.benefeds.gov](http://www.benefeds.gov).

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- The Federal Employees Dental and Vision Insurance Program, or FEDVIP, is a premium-based program.
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- FEDVIP offers a range of plans from a number of dental carriers.
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  - Retired service members and their eligible family members
  - Certain retired National Guard and Reserve members and their family members
  - Certain survivors
  - Medal of Honor recipients and their immediate family members or survivors
  - Former spouses and remarried surviving spouses don't qualify to purchase dental coverage.
- For FEDVIP eligibility, carrier, and enrollment information, visit [www.benefeds.gov](http://www.benefeds.gov).

## FEDVIP Vision Options

- FEDVIP offers vision coverage for eligible TRICARE beneficiaries who are enrolled in or are using a TRICARE health plan, including:
  - TRICARE Prime, including USFHP
  - TRICARE Select
  - TRICARE Reserve Select
  - TRICARE Retired Reserve
  - TFL
- FEVIP 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](http://www.benefeds.gov) for eligibility, carrier, and enrollment information.

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- Retirees, their eligible family members, and active duty family members enrolled in a TRICARE health plan may qualify to purchase vision coverage through FEDVIP.
- Eligible beneficiaries include those enrolled in or using:
  - TRICARE Prime, including the US Family Health Plan
  - TRICARE Select
  - TRS
  - TRR
  - TFL
- Visit [www.benefeds.gov](http://www.benefeds.gov) for eligibility, carrier, and enrollment 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.



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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](http://www.irs.gov).

**For Information and Assistance**

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

## More Information

### Regional Contractors

- TRICARE East Region  
Humana Military  
800-444-5445  
[www.tricare.mil/east](http://www.tricare.mil/east)
- TRICARE West Region  
TriWest Healthcare Alliance  
888-TRIWEST (888-874-9378)  
[www.tricare.mil/west](http://www.tricare.mil/west)
- TRICARE Overseas Program  
International SOS Government Services, LLC  
Find toll-free contact information at  
[www.tricare-overseas.com/contact-us](http://www.tricare-overseas.com/contact-us).

### Resources

- TRICARE Website: [www.tricare.mil](http://www.tricare.mil)



- TRICARE Publications:  
[www.tricare.mil/publications](http://www.tricare.mil/publications)
- milConnect:  
<https://milconnect.dmdc.osd.mil/>

- This slide shows contact information for stateside and overseas regional contractors, as well as other important information sources.
- Remember, your contractor point of contact is based on where you live.