

# TRICARE® and Veterans Affairs

## An Overview of How TRICARE and the U.S. Department of Veterans Affairs Work Together To Provide Health Benefits

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- **ATTENTION PRESENTER:** To ensure that TRICARE beneficiaries receive the most up-to-date information about their health benefits, 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 all slides before briefing.
  - Ensure “slide show” setting.
  - Remove any slides that don’t apply to your audience.
- **Target Audience:** Separated or retired service members eligible for TRICARE and Veterans Affairs benefits.
- **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.
- **Briefing Objectives:** To help separated and retired service members and their families understand how the TRICARE and U.S. Department of Veterans Affairs partnership works to provide a world-class health benefit.
- **Optional Presenter Comments:** Welcome to the *TRICARE and Veterans Affairs* briefing. Today’s briefing will discuss how TRICARE and the U.S. Department of Veterans Affairs, or VA, work together. First, let’s review TRICARE and the VA and discuss when you are eligible for benefits

under TRICARE and the VA.

## Today's Agenda

- What Is TRICARE?
- What Is VA?
- TRICARE and VA Eligibility
- VA Facilities
- Pharmacy Options
- Other Important Information
- For Information and Assistance

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- Today, we'll define TRICARE and the VA, explain TRICARE and VA eligibility, and outline the various benefit options available to you.
- We'll learn about VA facilities as TRICARE network providers.
- We'll cover other important information including an overview of your pharmacy options.
- Finally, we'll provide you with important resources so you can get assistance and find answers to any additional questions you may have.
  - To learn more about your TRICARE options, visit the online publications page at **[www.tricare.mil/publications](http://www.tricare.mil/publications)**.
  - You can receive TRICARE news and publications by email. Sign up at **[www.tricare.mil/subscriptions](http://www.tricare.mil/subscriptions)**.
  - To sign up for benefits correspondence by email, visit **<http://milconnect.dmdc.osd.mil>**.

## What Is TRICARE?

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

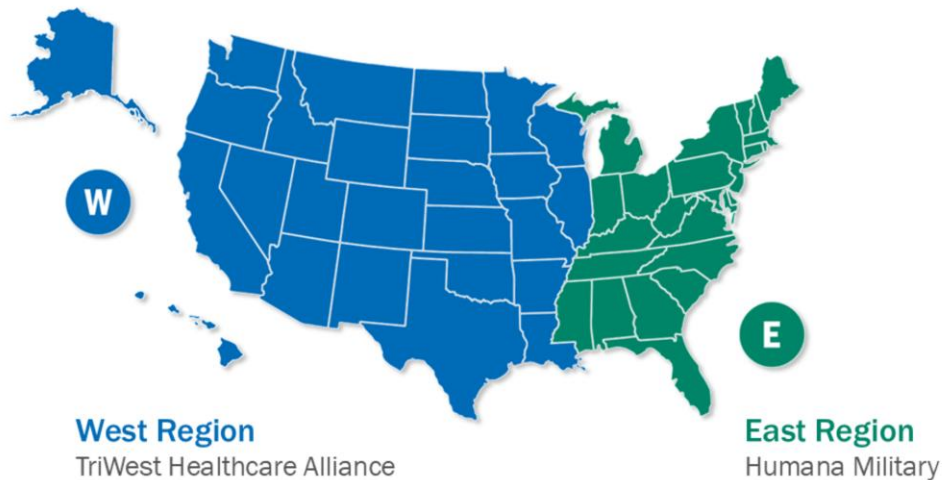
## What Is TRICARE?



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

- 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 healthcare services.
- Another contractor, International SOS Government Services, LLC, administers TRICARE overseas and in U.S. territories.
- 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.

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

## What Is the VA?

- **Optional Presenter Comment:** We'll now discuss what the VA is.

## What Is the VA?

### The U.S. Department of Veterans Affairs:

- Oversees the delivery of patient care and federal benefits to veterans, their dependents, and survivors

### The Veterans Health Administration:

- Is a component of the VA that is home to the nation's largest integrated health care system consisting of VA outpatient clinics, hospitals, medical centers, and long-term health care facilities across the U.S. and in American Samoa, Guam, the Philippines, Puerto Rico, and the U.S. Virgin Islands.
- Provides comprehensive health care to more than 8.3 million veterans each year

- The Department of Veterans Affairs oversees the delivery of patient care and federal benefits to veterans, their dependents, and survivors.
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- The VHA provides comprehensive health care to more than 8.3 million veterans each year.

## TRICARE and VA Eligibility

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

## TRICARE and the VA

- Service members who separate from service due to a service-connected injury or illness may be eligible for VA benefits and certain TRICARE benefits depending on the outcome of the medical review board.
- The VA will determine your eligibility. TRICARE- and VA-eligible beneficiaries can choose to use either their TRICARE or VA benefits for each separate episode of care.
- National Guard and Reserve members may also qualify for veteran status and eligibility for VA benefits.
- To apply for VA medical benefits, complete the *Application for Health Benefits* (VA Form 10-10EZ), available at any VA health care facility or VA regional office, or online at [www.va.gov](http://www.va.gov).

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- Service members who separate from service due to a service-connected injury or illness may be eligible for VA benefits and certain TRICARE benefits depending on the outcome of the medical review board. You may qualify for VA medical benefits if you served on active duty, were discharged or released under honorable conditions, and meet length-of-service requirements.
- VA will determine your eligibility. TRICARE- and VA-eligible beneficiaries can choose to use either their TRICARE or VA benefits for each separate episode of care.
- National Guard and Reserve members may qualify for veteran status and eligibility for VA benefits.
- To apply for VA medical benefits, complete the *Application for Health Benefits*, or *VA Form 10-10EZ*, available at any VA health care facility or VA regional office, or online at [www.va.gov](http://www.va.gov).
- For additional information, call **877-222-VETS (877-222-8387)**.

## TRICARE and the VA (continued)

- Retired service members under age 65 may be eligible for both TRICARE and VA benefits due to medical or regular retirement.
- Retired service members with service-connected conditions receive care for that condition from either TRICARE or VA.
- If service-connected care is received at a VA facility, it's a VA benefit.
- If care is received through TRICARE, it's a TRICARE benefit.

- In some cases, separated or retired service members, either due to a service-connected injury or illness, or medical or regular retirement, under age 65 may be eligible for healthcare benefits under TRICARE and the VA. TRICARE program choices include TRICARE Prime, TRICARE Select or TRICARE For Life, also known as TFL, if they qualify.
- TRICARE beneficiaries who are also eligible for VA benefits for service-connected conditions can get care for that condition from either TRICARE or VA—they don't have to choose one or the other.
- However, there is no coordination of benefits between TRICARE and the VA, so either one or the other will pay.
- Whichever benefit you decide to use—TRICARE or the VA—the separate rules and financial responsibilities, such as referrals, copayments, cost-shares, and deductibles, will apply.

## TRICARE, Medicare and the VA

- Medicare-eligible retired service members may be eligible under TRICARE, Medicare, and the VA.
- Medicare-eligible beneficiaries who use their TRICARE benefit for non-service-connected care at a VA facility will incur out-of-pocket expenses.
- If you receive non-service-connected care at a VA facility, you may be responsible for 80% of the bill. By law, TRICARE can only pay 20% of the TRICARE-allowable amount.
- When using your TRICARE For Life benefit, your least expensive option is to see a Medicare or TRICARE provider who isn't a VA provider.

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- Medicare-eligible retired service members may be eligible under TRICARE, Medicare, and the VA.
- Medicare-eligible beneficiaries who use their TRICARE benefit for non-service-connected care at a VA facility will incur out-of-pocket expenses.
- If you receive non-service-connected care at a VA facility, you may be responsible for 80% of the bill. By law, TRICARE can only pay 20% of the TRICARE-allowable amount.
- When using your TFL benefit, your least expensive option is to see a Medicare participating or Medicare non-participating providers. Medicare participating providers accept the Medicare allowed amount as payment in full, whereas Medicare non-participating providers may bill 15% above the Medicare-allowable amount. TRICARE pays the additional 15% so there's no difference in cost to TFL beneficiaries.
- If you want to seek care from a VA provider, you should contact a VA counselor at the VA facility. For questions relating to coverage under TFL, you should contact the TFL contractor. Contact information is provided at the end of this briefing.

## Getting Care

- Beneficiaries may receive care for non-service-connected conditions.
- Where you access care depends on which TRICARE option you use:
  - If you're enrolled in TRICARE Prime, you must access care from your primary care manager. If you need care and a VA facility near you can provide that care (within TRICARE access standards), you may be asked to use that VA facility with pre-authorization from your regional contractor.
  - If you're enrolled in TRICARE Select, you may access care from any VA facility if space is available.
  - If you're eligible for Medicare Part A and have Medicare Part B, you're eligible for TFL. You're advised to seek care for non-service-connected conditions outside VA from a Medicare provider to avoid out-of-pocket expenses.

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- TRICARE-VA-eligible beneficiaries may also be able to access VA facilities for care for non-service-connected conditions. Where you access care depends on which TRICARE option you're using.
- If you're enrolled in TRICARE Prime, you must access all health care that is **not** due to a service-connected condition from your primary care manager, or PCM, including routine care, same-day appointments, and urgent care. If you need care and a VA facility near you can provide that care (within TRICARE access standards), you may be asked to use that VA facility with pre-authorization from your regional contractor.
- If you're enrolled in TRICARE Select, then you may seek care from a VA facility if space is available.
- If you're eligible for Medicare Part A and have Medicare Part B, you're eligible for TFL. You're advised to seek care for non-service-connected conditions outside the VA from a Medicare provider to avoid out-of-pocket expenses.

## Line of Duty Care

- Care needed after orders expire:
  - If a National Guard or Reserve member lives 50 miles or less from a military hospital or clinic, Line of Duty determination requests go to the military hospital or clinic.
  - If a National Guard or Reserve member lives more than 50 miles from a military hospital or clinic, LOD requests go to the Defense Health Agency—Great Lakes.
    - Find instructions and forms at [www.health.mil/Greatlakes](http://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 an LOD determination was approved for that condition, then 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, or LOD, determination must be initiated by your command unit.

If you need care during the LOD review and investigation, it can be pre-authorized 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 Defense Health Agency—Great Lakes, or DHA-GL (for National Guard and Reserve members residing more than 50 miles from a military hospital or clinic).
- An LOD 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 LOD.
  - Clinical documentation of the condition must accompany the LOD form and pre-authorization 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 pre-authorization request forms.
  - Visit [www.health.mil/greatlakes](http://www.health.mil/greatlakes) for the worksheets, or call 888-647-6676.
  - Army National Guard and Reserve members should submit LOD documentation through eMMPS, or LOD module.
  - Other National Guard and Reserve members should fax LOD documentation to DHA-GL at 224-447-0153.
- **Note:** National Guard and Reserve members' LOD care may overlap VA care.

## VA Facilities

- **Optional Presenter Comment:** We'll now discuss VA facilities.

## TRICARE Network Providers

- All VA facilities:
  - Sign agreements with regional contractors to become TRICARE network providers. All VA facilities are TRICARE network providers.
  - Accept the negotiated rate plus any patient responsibility as payment in full
  - File claims for you
- Provide health care services—if space is available—to any TRICARE-eligible beneficiary, not just those with service-connected conditions:
  - TRICARE Prime beneficiaries
  - TRICARE Select beneficiaries
  - TFL beneficiaries

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- All VA facilities have signed agreements with the regional contractors to become TRICARE network providers. They also agree to accept the negotiated rate, plus any patient responsibility, as the full fee for services and will file claims and handle paperwork for you.
- VA facilities provide health care services—if space is available—to all TRICARE beneficiaries, not just those who are also eligible for VA benefits based on a service-connected condition. Because they're TRICARE network providers, you may be able to enroll in TRICARE Prime at one of these facilities.
- If you elect to use your TFL benefit for non-service-connected care, TFL will only pay 20%, and you may be responsible for up to 80% of your bill.

## Getting Care

- Each VA facility has established a TRICARE beneficiary point of contact and check-in process.
- When requesting an appointment or registering for care, tell the VA provider that you're using your TRICARE benefit for your visit.
  - Failure to do so may result in higher out-of-pocket fees and/or denial of payment for services you receive.
- Some services may not be available (for example, obstetrics, pediatrics, adolescent psychiatry).
- To locate a VA facility, contact your regional contractor or your VA regional office:
  - Visit [www.va.gov](http://www.va.gov).
  - Call **877-222-VETS (877-222-8387)**.

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- Each VA facility has established a TRICARE beneficiary point of contact, or POC, and check-in process.
- When requesting an appointment or prior to receiving care, it's important to tell the VA provider that you're using your TRICARE benefit. Failure to do this could result in a higher out-of-pocket expense and/or denial of payment for services you receive.
- VA facilities aren't expected to include obstetrics, pediatrics, or adolescent psychiatry services.
- To locate a VA facility, contact your regional contractor or VA regional office at [www.va.gov](http://www.va.gov), or call **877-222-VETS (877-222-8387)**.

## Primary Care Services

- Some VA facilities have PCMs who see TRICARE beneficiaries.
  - Check with your regional contractor to see if you can enroll with a VA TRICARE provider.
  - TRICARE primary care is separate from VA primary care—you can't use both.
- VA primary care isn't normally available to TRICARE beneficiaries who aren't enrolled with a VA TRICARE provider.

- Some VA medical facilities have PCMs who see TRICARE beneficiaries. You may choose to use that PCM under your TRICARE benefit if you aren't enrolled for primary care with the VA health care system. Primary care isn't normally available to TRICARE beneficiaries who aren't enrolled with a VA TRICARE provider.

## Referrals for Specialty Care

- TRICARE Prime beneficiaries:
  - You must have a referral to access specialty care at a VA facility.
- TRICARE Select beneficiaries:
  - A referral isn't required for most services.
  - Contact the VA facility to make an appointment.
  - Pre-authorization is required for some services.
- TFL beneficiaries:
  - Seek care for non-service-connected conditions outside the VA to avoid out-of-pocket expenses.

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- A referral is required when your PCM can't provide the care needed and they refer you to another provider. You must have pre-authorization for some services. Pre-authorization is a review of the requested healthcare service to determine if it's medically necessary at the requested level of care.
- If you're a TRICARE Prime beneficiary, you must get a referral to be seen in a specialty clinic at a VA facility, just as you would for specialty care from any TRICARE network provider. Even if you're eligible for both TRICARE and VA benefits and you're using TRICARE Prime at a VA facility, you must have a referral.
- If you're a TRICARE Select beneficiary, you don't need a referral to be seen in a specialty clinic at a VA facility for most services if space is available. However, you'll need to contact the VA facility to make an appointment. Make sure you notify the VA facility appointment/registration clerk that you're being seen as a TRICARE beneficiary.
- TFL beneficiaries are advised to seek care for non-service-connected conditions outside the VA from a Medicare provider to avoid out-of-pocket expenses.

## Pharmacy Options

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

## Pharmacy Services

- VA pharmacies will only fill prescriptions written by VA providers.
- If you receive primary or specialty care at a VA facility using your VA benefit, fill prescriptions through a VA pharmacy.
- If you receive care through TRICARE for your service-connected condition, fill prescriptions through the TRICARE Pharmacy Program.

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- VA pharmacies will only fill prescriptions written by VA providers.
- If you see a VA provider for primary or specialty care and your VA provider writes a prescription, fill it at the VA pharmacy.
- If you receive care through TRICARE for your service-connected condition, fill your prescriptions through the TRICARE Pharmacy Program. There are several options within the TRICARE Pharmacy Program. The following chart outlines some of the specifics of each option.

## 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).

## Other Important Information

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- **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 healthcare 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**

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- **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)
- U.S. Department of Veterans Affairs  
877-222-VETS (877-222-8387)  
[www.va.gov](http://www.va.gov)

### 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 regional contractors, the VA, as well as other important information sources.
- Remember, your contractor point of contact is based on where you live.