

Welcome to TRICARE®

An Overview of Your TRICARE Benefit in the U.S.

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- **Presenter Tips:**
 - Review the briefing with notes before 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 see if there are any additional slides to include in your presentation.
 - Launch the briefing in “slide show” setting.
- **TRICARE Resources:** Visit www.tricare.mil/publications to view, download, and print copies of TRICARE educational materials. Suggested resources include: *TRICARE Choices in the United States Handbook*, *TRICARE Choices for National Guard and Reserve Handbook*, *Costs and Fees Sheet*, *TRICARE Plans Overview Fact Sheet*, and *TRICARE Qualifying Life Events Fact Sheet*.
- **Estimated Briefing Time:** 45 minutes
- **Target Audience:** TRICARE beneficiaries in the U.S. who are new to TRICARE
- **Briefing Objectives:**
 - Increase understanding of the TRICARE benefit in the U.S.
 - Inform beneficiaries of TRICARE plans in the U.S.
- **Optional Presenter Comments:** This is the *Welcome to TRICARE* briefing. The goal of today's presentation is to help you understand your TRICARE benefit. We'll go over eligibility and the TRICARE plans you and your family may use. Contact information is included at the end of this presentation.

Today's Agenda

- What is TRICARE?
- Am I Eligible?
- What Are My Options?
- What Resources Exist?
- For Information and Assistance

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- Today, we'll cover:
 - What is TRICARE?
 - Am I eligible?
 - What are my options?
 - What resources exist?
- To get TRICARE news by email, you can sign up at **www.tricare.mil/subscriptions**.
- To sign up for emails about your eligibility and enrollment changes, go to milConnect at **<https://milconnect.dmdc.osd.mil>**.

What Is TRICARE?

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

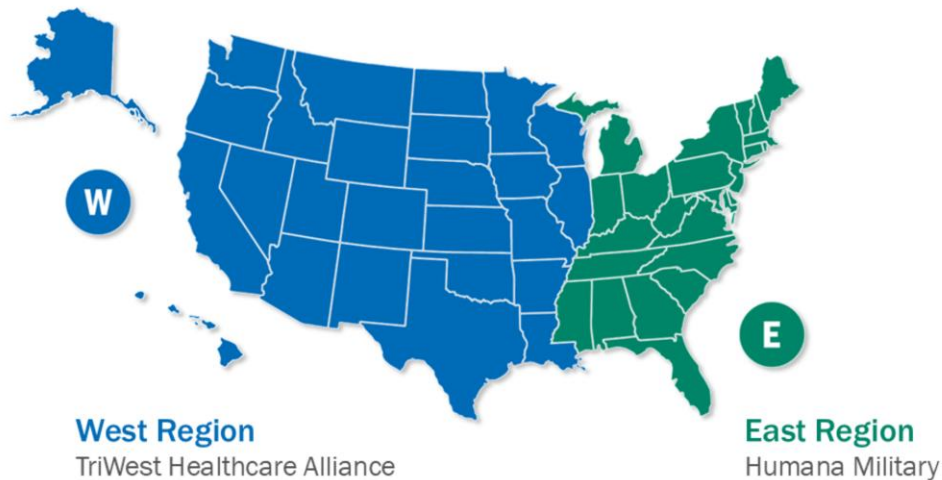
What Is TRICARE?



- 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 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.

Health Benefit Terms

- **Sponsors:** Active duty service members, retired service members, and National Guard and Reserve members
- **Provider:** A person, business, or institution that provides health care
- **Pre-authorization:** A review of a requested health care service, done by your regional contractor, to see if the care will be covered by TRICARE
- **Referral:** When your primary care manager or network specialty provider sends you to another provider for care. Certain benefits, such as the Autism Care Demonstration, require a referral and continued authorizations.
- **Claim:** A request for payment from TRICARE that goes to your regional contractor after you get a covered health care service

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- This slide lists a few key terms that will help you understand your TRICARE benefit throughout this presentation.
- Sponsors are active duty service members, retired service members, and National Guard and Reserve members.
- A provider is a person, business, or institution that provides health care. Provider types include health care providers, hospitals, ambulance companies, laboratories, and pharmacies.
- Pre-authorization is a review of a requested health care service, done by your regional contractor, to see if the care will be covered by TRICARE.
- A referral is when your primary care manager or network specialty provider sends you to another provider for care. If you have TRICARE Prime and see another provider for nonemergency care without a referral, you'll pay more. Certain benefits, such as the Autism Care Demonstration, require a referral and continued authorizations.
- A claim is a request for payment from TRICARE that goes to your regional contractor after you get a covered health care service.

Health Benefit Terms (continued)

- **Cost-share:** A percentage of the total cost of a covered health care service that you pay
- **Premium:** The amount you pay for a health care plan you purchased
- **Deductible:** A fixed amount you pay for covered services each calendar year before TRICARE pays anything
- **Copayment:** The fixed amount those with TRICARE Prime (who aren't active duty) and TRICARE Select pay for a covered health care service; or the amount paid for a prescription
- **Catastrophic cap:** The most you or your family will pay for covered health care services each calendar year
- **TRICARE Qualifying Life Event:** A certain change in your life, such as moving, marriage, birth of a child, or retirement from active duty. This means TRICARE health plan options for you and your family members may change.

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- This slide lists a few more key terms that will help you understand your TRICARE benefit throughout this presentation.
- A cost-share is a percentage of the total cost of a covered health care service that you pay. The rest is paid by TRICARE.
- A premium is the amount you pay for a health care plan you purchased. Premiums apply to those using TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE Young Adult, and the Continued Health Care Benefit Program.
- A deductible is a fixed amount you pay for covered services each calendar year before TRICARE pays anything. You may have a deductible if you use TRICARE Select, or if you have TRICARE Prime and see a provider without a referral.
- A copayment is the fixed amount those who aren't active duty pay for a covered health care service, or the amount paid for a prescription.
- The catastrophic cap is the most you or your family will pay for covered health care services each calendar year.
- A TRICARE Qualifying Life Event, or QLE, is a certain change in your life, such as moving, marriage, birth of a child, or retirement from active duty. This may mean different TRICARE health plans are available to you and your family members.
- **Note:** The calendar year is Jan. 1 through Dec. 31.

Am I Eligible?

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

Those Eligible for TRICARE

- Active duty service members
- Active duty family members
- Retired service members (including Retired Reserve members who have reached age 60) and their family members
- National Guard and Reserve members and their family members
- Medal of Honor recipients and their family members
- Survivors and eligible former spouses

Visit www.tricare.mil/eligibility to learn more about eligibility and enrollment.

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- Your service personnel office determines your TRICARE eligibility. Those eligible for TRICARE include:
 - Active duty service members, also called ADSMs
 - Active duty family members, also called ADFMs
 - Retired service members, including Retired Reserve members who have reached age 60 and their family members
 - National Guard and Reserve members and their family members
 - National Guard and Reserve members on active duty for more than 30 consecutive days and their family members are considered active duty.
 - Medal of Honor recipients and their family members
 - Survivors and eligible former spouses
- The term “family members” refers to dependents of service members who are eligible for TRICARE, including spouses, children, surviving spouses and children, and certain former spouses.
- Dependent parents and parents-in-law may not use TRICARE civilian health care services.

Keep DEERS Information Up To Date



Being able to use TRICARE depends on keeping DEERS up to date.

Update DEERS after you have a life event, like getting married or divorced, moving, giving birth, adopting a child, retiring, and other changes.



Go to an ID Card Office
(<https://idco.dmdc.osd.mil/idco>)

Note: You must use this option to add family members in DEERS.



Log in to <https://milconnect.dmdc.osd.mil>.



Call 800-538-9552.



Fax 800-336-4416.

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- The Defense Enrollment Eligibility Reporting System, or DEERS, is a database of service members and dependents worldwide who may be eligible for military benefits, including TRICARE.
- Your TRICARE eligibility shows up in DEERS based on the sponsor's status. To maintain your eligibility, you must update DEERS after any QLE. If you don't, you may miss important information and enrollment deadlines. This could mean you lose access to care. A QLE includes getting married or divorced, moving, giving birth, adopting a child, or retiring. Visit www.tricare.mil/lifeevents for more information.
- Register in DEERS through the milConnect website at <https://milconnect.dmdc.osd.mil>. The milConnect website is the Defense Manpower Data Center's online portal that provides access to DEERS information.
 - Information can also be updated by phone, fax, or by visiting a Uniformed Services ID card-issuing facility.
- When making changes, proper documentation, such as a marriage certificate, divorce decree, birth certificate, or adoption papers, is required.
 - **Note:** Only sponsors or sponsor-appointed individuals with valid power of attorney can add a family member. Family members 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.

What Are My Options?

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

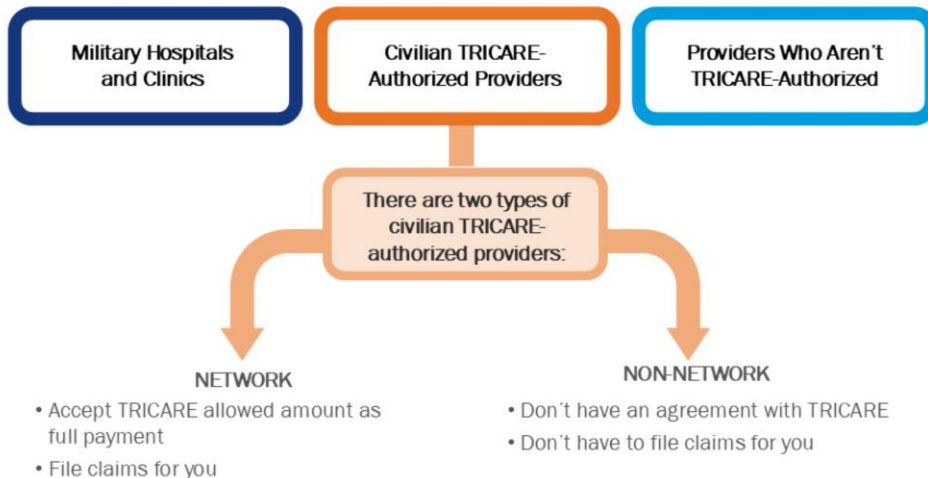
TRICARE Health Plans

Those Eligible for TRICARE	Stateside TRICARE Program Options
Active duty service members	<ul style="list-style-type: none"> • TRICARE Prime • TRICARE Prime Remote
Active duty family members and family members of National Guard and Reserve members, NGR members on active duty orders for more than 30 days	<ul style="list-style-type: none"> • TRICARE Prime • TRICARE Prime Remote • TRICARE Select • TRICARE For Life • US Family Health Plan • TRICARE Young Adult
NGR members, retired Reservists, and their family members	<ul style="list-style-type: none"> • TRICARE Reserve Select • TRICARE Retired Reserve • TYA
Retired service members and their family members, retired Reservist (at age 60) and their family members, Medal of Honor recipients and their family members, survivors, and eligible former spouses	<ul style="list-style-type: none"> • TRICARE Prime • TRICARE Select • TFL • USFHP • TYA

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- Your stateside TRICARE health plans depend on your sponsor's status and where you live. This slide shows stateside TRICARE plans that may be available to you. Your options may change if you have a TRICARE Qualifying Life Event, like if you move, if your sponsor changes location or status, or if you have a baby.
- **Note:** ADSMs must enroll in TRICARE Prime or TRICARE Prime Remote.
- For more information about TRICARE plans and eligibility, visit www.tricare.mil/planfinder.
- For more information about QLEs, visit www.tricare.mil/lifeevents.

Provider Types



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- TRICARE-authorized providers meet TRICARE licensing and certification requirements and are certified by TRICARE to provide care to TRICARE beneficiaries. There are two types of TRICARE-authorized providers: network and non-network.
 - Network providers accept TRICARE’s allowed amount (the TRICARE paid portion plus the beneficiary’s portion) as the full payment for any covered health care services you get. You can save money by seeing network providers. They also file claims for you.
 - Non-network providers don’t have an agreement with TRICARE and you have to file your own claims. There are two types of non-network providers: participating and nonparticipating.
 - **Participating:** Accept TRICARE’s payment as the full payment for any covered health care services you get and file claims for you on a case-by-case basis.
 - **Nonparticipating:** Don’t accept TRICARE’s payment as the full payment for covered health care services or file claims for you. They may charge up to 15 percent above the TRICARE-allowable charge.

Note: Outside the U.S. and U.S. territories, there may be **no limit** to the amount that nonparticipating non-network providers may charge.

- If you see a provider without pre-authorization from your regional contractor, you may be responsible for the full cost of care.
- Go to **www.tricare.mil/finddoctor** to find a list of TRICARE-authorized network and non-network providers.

TRICARE Prime®

- TRICARE Prime is a managed care option, similar to a health maintenance organization program.
- Available in specific areas
- Must enroll
- No claims to file

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- TRICARE Prime is a managed care option, similar to a health maintenance organization program. It generally features the use of military hospitals and clinics and substantially reduces out-of-pocket costs for authorized care provided outside military hospitals and clinics by TRICARE network providers.
- To get TRICARE Prime, you need to live:
 - Inside a Prime Service Area. Typically, PSAs are near military hospitals or clinics.
 - Within 100 miles of an available primary care manager, also called a PCM.
- ADSMs must enroll in a TRICARE Prime option. ADFMs can choose to enroll in TRICARE Prime, TRICARE Prime Remote, US Family Health Plan, or TRICARE Select. Information on these programs will appear later on in this presentation.
- There are three ways to enroll in TRICARE Prime:
 - **Online:** Use the Beneficiary Web Enrollment, or BWE, website at <https://milconnect.dmdc.osd.mil>.
 - **Phone:** Call your regional contractor.
 - **Mail:** Download a *TRICARE Prime Enrollment, Disenrollment, and Primary Care Manager Change Form*, which is *DD Form 2876*, at www.tricare.mil/forms. Mail the completed form to your regional

contractor.

- ADSMs, ADFMs, eligible surviving spouses, surviving dependent children, and those with Medicare Part B don't have enrollment fees. All others pay yearly enrollment fees.

TRICARE Prime (continued)

- Referrals needed for specialty care
- Referrals aren't required for urgent care visits for TRICARE Prime enrollees, except for ADSMs.
- Military hospitals and clinics first option for specialty care
- Most care from PCM
- Lowest costs
- Portable coverage
- Annual announcement of health plan changes

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- With TRICARE Prime, you need a referral from your PCM or other network provider for specialty care, which is care your PCM can't provide. You may also need pre-authorization from your regional contractor before getting certain services. Visit www.tricare.mil to see what services require pre-authorization.
- A referral for urgent care visits for TRICARE Prime enrollees other than ADSMs isn't required and point-of-service, or POS, charges don't apply for such claims.
- **Note:** ADSMs must have pre-authorization for all specialty care from civilian providers.
- Once enrolled, you'll get most of your care from a PCM.
- If you need specialty care, you'll be sent to a military hospital or clinic first. If care isn't available there, you'll be sent to a civilian provider.
- You can see any provider for care without a PCM referral by using the POS option. This means you can get nonemergency care from any provider, but you'll pay more.
- **Note:** ADSMs can't use the POS option.
- TRICARE Prime has the lowest out-of-pocket costs of all TRICARE plans. ADSMs and ADFMs generally have no costs for TRICARE covered services.
- If you move, you may be able to transfer your TRICARE Prime enrollment to your new location. Your regional contractor can help you make the transition.
- For more information and costs, visit www.tricare.mil/prime.

TRICARE Prime Remote

- Available in remote locations
- Must meet eligibility requirements
- Must enroll
- Most care from civilian network provider

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- TRICARE Prime Remote, or TPR, is an option for ADSMs who live and work in locations in the U.S. remote from a military hospital or clinic and their family members. Remote locations are areas that are more than 50 miles or a one-hour drive from the closest military hospital or clinic.
- For family members to enroll in TPR, they must live with their TPR-enrolled sponsor. Some exceptions may apply.
- Enrollment is required for TPR. There are no yearly enrollment fees. You enroll using the same three ways as TRICARE Prime.
- Once enrolled, you'll get most of your routine care from a PCM who is a civilian network provider. Network PCMs file claims for you. If a network PCM isn't available, call your regional contractor to find a TRICARE-authorized provider.
- If you need specialty care, your network PCM will work directly with your regional contractor. If you don't have a network PCM, you'll coordinate your own specialty care with your regional contractor.
- TPR has the same low out-of-pocket costs as TRICARE Prime.
- For more information and costs, visit www.tricare.mil/tpr.

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.

TRICARE Select®

- TRICARE Select is a self-managed, preferred-provider option for eligible beneficiaries (except ADSMs and TFL beneficiaries) not enrolled in TRICARE Prime.
- With TRICARE Select, you have the freedom to choose providers.
- Referrals aren't needed for most services.
- Yearly deductible and cost-shares apply. Copayments apply for TRICARE-authorized providers.
- Enrollment in TRICARE Select is required. Enrollment fees may apply.
- Some services require pre-authorization.
 - Contractor referrals and preauthorization of specific services/treatments are sometimes required. Visit your regional contractor's website for services to learn more.

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- With TRICARE Select, you can see any provider you choose, but you save money when you use network providers.
- You must be registered in DEERS and enrollment is required. There is a yearly deductible for TRICARE services and you pay cost-shares for most services.
- Referrals aren't required for most healthcare services, but some services require referrals and pre-authorization from your regional contractor.
- Visit www.tricare.mil/select for more information and costs.

Plan Comparisons

TRICARE Prime®	TRICARE Select®
A health maintenance organization-style plan	A preferred-provider plan-style plan
Get most care from a primary care manager	Choose your TRICARE-authorized provider
Referrals for specialty care	Referrals not required for most services
Pre-authorization for some services	Pre-authorization for some services
Receive care from an established network of doctors and other health care providers	Receive care from any provider, but pay higher out-of-pocket costs when you receive care outside the established network of providers
Virtual health services available	Virtual health services available
No deductible applies, copayments apply for all beneficiaries except active duty service members	Deductible and copayments apply

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- This slide provides an overview of the differences between TRICARE Prime and TRICARE Select. It can help you pick the program that is right for you.
- Certain benefits, such as the TRICARE Autism Care Demonstration, require a referral and continued authorizations regardless of your TRICARE program option.

TRICARE Young Adult

- Qualified young adult children not yet age 26
- TRICARE Prime and TRICARE Select options
- No dental coverage
- Monthly premiums

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- TRICARE Young Adult, or TYA, is a premium-based health plan available for purchase by qualified young adult children who have aged out of TRICARE.
- You may buy TYA coverage if you are **all** of the following:
 - A dependent of a TRICARE-eligible uniformed service sponsor
 - Unmarried
 - At least age 21, but not yet age 26
 - Not eligible to buy health care through your job
 - Not otherwise eligible for TRICARE program coverage
 - Not a uniformed service sponsor, including a member of the Selected Reserve
- TYA includes medical and pharmacy benefits but doesn't include dental coverage. TYA offers TRICARE Prime and TRICARE Select coverage worldwide. Your sponsor's status and your location determine which TYA plan you may buy.
- With TYA, you must enroll and pay monthly premiums. You have the same provider choice and costs as those with TRICARE Prime or TRICARE Select.
- You have four options to enroll in TYA:
 - Online by using the Beneficiary Web Enrollment website at <https://milconnect.dmdc.osd.mil>.
 - Call your regional contractor.
 - Fax your enrollment form, which is *DD Form 2947-1*, to your regional contractor.
 - Mail your enrollment form to your regional contractor.
- An initial two-month premium payment is due with enrollment. For more information and costs, visit www.tricare.mil/tya.

TRICARE Reserve Select[®] and TRICARE Retired Reserve[®]

- Must enroll
- Visit any TRICARE-authorized provider
- No referrals
- Some services need pre-authorization
- Monthly premiums, cost-shares, and a yearly deductible apply
- Coverage is similar to TRICARE Select

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- TRICARE Reserve Select, or TRS, is a premium-based health care plan that qualified Selected Reserve members may buy for themselves and their qualified family members and survivors.
- TRICARE Retired Reserve, or TRR, is a premium-based health care plan that qualified Retired Reserve members under age 60 may buy for themselves and their qualified family members and survivors.
- Coverage and costs are similar to TRICARE Select.
- With TRS or TRR, member-only or member-and-family coverage can be purchased. You can purchase coverage the following three ways:
 - Online by using the Beneficiary Web Enrollment website at <https://milconnect.dmdc.osd.mil>
 - Calling your regional contractor
 - Mailing a signed *Reserve Component Health Coverage Request* form, which is *DD Form 2896-1*, along with the premium payment amount indicated on the form. The initial payment required is two months of premiums.
- Monthly premiums, a yearly deductible, and cost-shares apply. For more information and costs, visit www.tricare.mil/trs or www.tricare.mil/trr.

Priority for Access to Military Hospitals and Clinics

Priority for Access to Military Hospitals and Clinics	
1	ADSMs
2	ADFMs in TRICARE Prime
3	Retired service members, their family members, and all others in TRICARE Prime and TRICARE Plus (primary care)
4	ADFMs not enrolled in TRICARE Prime and TRS members
5	Retired service members, their family members, TRR members and all others not in TRICARE Prime and TRICARE Plus (specialty care)

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- This slide shows the order of care at military hospitals and clinics.
 - ADSMs always have first priority for care at military hospitals and clinics. Certain military hospitals and clinics only see ADSMs.
 - After that, for primary care, priority is based on who you are and your TRICARE plan. If you have USFHP, you may not get care at a military hospital or clinic if space is available.
- **Note:** TRICARE Plus is a primary care access program offered at some military hospitals and clinics. You may be able to enroll to get higher priority access.
- If you want to get care at a military hospital or clinic, first find out if they can give you the care you need. Visit www.tricare.mil/mtf to find a military hospital or clinic.

TRICARE For Life

- You must have Medicare Part A and Part B.
- If you have Medicare Part A and Part B, you're covered under TFL.
- You may get care from Medicare-participating and Medicare non-participating providers. You may also get care at military hospitals and clinics if space is available.
- What you pay depends on if your health care services are covered by only Medicare, only TRICARE, both Medicare and TRICARE, or neither Medicare nor TRICARE.

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- TRICARE For Life is Medicare-wraparound coverage. It's for those who are eligible for TRICARE and who have Medicare Part A and Part B.
- You're covered if you have Medicare Part A and Part B and your information is up to date in DEERS. With TFL, Medicare is your primary insurance and TRICARE pays last.
- With TFL, you can get care from any Medicare-participating or Medicare non-participating provider. What you pay depends on if your healthcare services are covered by only Medicare, only TRICARE, both Medicare and TRICARE, or neither Medicare nor TRICARE. You have no out-of-pocket costs for medically necessary services covered by both Medicare and TRICARE.
 - You'll have costs when seeing Medicare opt-out providers.
 - U.S. Department of Veterans Affairs, or VA, providers can't bill Medicare and Medicare can't pay for services you get from the VA. You'll have significant out-of-pocket costs when seeing a VA provider if you use your TFL benefit for an injury or illness that isn't connected to your military service.
- For more information and costs, visit www.tricare.mil/tfl.

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 Program Options

- Military dental clinics
- Active Duty Dental Program
- TRICARE Dental Program*
- Federal Employees Dental and Vision Insurance Program*

***Note:** Enrollment is needed for TDP and FEDVIP.

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- You have different dental options based on your beneficiary group.
- ADSMs get dental care at military dental clinics.
- The TRICARE Active Duty Dental Program provides civilian dental care to ADSMs who can't get needed care from military dental clinics or who live in remote areas.
 - This program is administered by United Concordia. For information and costs, visit www.tricare.mil/addp.
- The TRICARE Dental Program is a voluntary, premium-based dental program. The TDP is available to eligible ADFMs, National Guard and Reserve members and Individual Ready Reserve members, eligible family members, and qualified survivors.
 - The TDP benefit is administered by United Concordia. Enrollment through United Concordia is needed to get TDP coverage. For more information and costs, visit www.uccitdp.com.
- The U.S. Office of Personnel Management offers eligible TRICARE beneficiaries the option to enroll a dental plan through the Federal Employees Dental and Vision Insurance Program, or FEDVIP. FEDVIP offers a range of plans from a number of dental carriers.
 - FEDVIP is available to retired service members and their eligible family members, retired National Guard and Reserve members and their eligible family members, Medal of Honor recipients and their family members, and eligible survivors. For more information and costs, visit www.BENEFEDS.gov.
- **Note:** Former spouses and remarried surviving spouses don't qualify to purchase the TDP or FEDVIP. Most dental emergencies aren't covered under your TRICARE health plan but may be covered under your dental plan.

Vision Options

Federal Employees Dental and Vision Insurance Program

- Retirees, their eligible family members, and ADFMs 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 USFHP
 - TRICARE Select
 - TRS
 - TRR
 - TFL

Visit www.BENEFEDS.gov for eligibility, plan, 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 for eligibility, carrier, and enrollment information.

What Resources Exist?

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- **Optional Presenter Comment:** We'll now discuss resources exist to help you use your TRICARE benefit.

Transitional Coverage

- Transitional Assistance Management Program
- Continued Health Care Benefit Program

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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.
- 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. For more information, visit www.tricare.mil/tamp.
 - The Continued Health Care Benefit Program is a premium-based health care program administered by Humana Military. CHCBP offers continued health coverage for 18 to 36 months (or longer for certain former spouses) after TRICARE or TAMP coverage ends.
 - If you qualify, you can buy CHCBP coverage within 60 days of loss of coverage.
 - For more information, visit www.tricare.mil/chcbp.
- **Note:** If you're in CHCBP, you may not get care at military hospitals or clinics.

TRICARE Self-Service Options Online

- There are websites available to help you manage your TRICARE benefit, which include:
 - TRICARE Website: www.tricare.mil
 - milConnect/Beneficiary Web Enrollment Website: <https://milconnect.dmdc.osd.mil>
- Each regional contractor offers other options to help you.

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- There are many self-service options to help you manage your TRICARE benefit.
- You can find all the TRICARE information you need at www.tricare.mil.
- The Beneficiary Web Enrollment secure portal on milConnect allows you to enroll or disenroll from different program options, select or change PCMs, and update DEERS contact information. For more information visit, <https://milconnect.dmdc.osd.mil>. You can also update contact information in DEERS, find an ID card office, and more.
- Each regional contractor offers different self-service options. To find out more, go to your regional contractor's website.

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.

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.