



TRICARE Open Season and Your Options

Nov. 17, 2022 | Webinar Transcript

Host (Tina): Welcome to today’s webinar titled, “TRICARE Open Season and Your Options.”

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Do you need to do anything during TRICARE Open Season? Open season for TRICARE beneficiaries starts November 14 and ends December 13. This is the time when most families who are enrolled in or eligible for TRICARE Prime or TRICARE Select can make changes to their TRICARE health care coverage for next year. Join us to learn about your health plan options and key factors to help you choose the right coverage for you and your family.

We are thrilled to have with us today Zelly Zim, program analyst, TRICARE Health Plan Division, Policy and Program Section, Defense Health Agency. Without further delay, I’ll turn things over to Zelly.

Zelly Zim: Hey, Tina! Good afternoon or good morning, ladies and gentlemen. It’s great to see that there are so many people joining us today to talk through this year’s open season. Thanks for taking the time to join us. As was mentioned, my name is Zelly Zim and I’m a program and policy analyst with the TRICARE Health Plan. My primary role is the management of TRICARE Select policy, as well as requirements related to enrollment policy as a whole. Joining me for this afternoon’s webinar are two of my wonderful colleagues—Ms. Shane Pham and Ms. Ali Palmer are also subject matter experts regarding the TRICARE Health Plan enrollment policy.

We’ll be walking through each of the topics that you see on your agenda, in front of you, with the goal of equipping you to make informed decisions about your TRICARE health plan. Before I begin, I’d like to just mention that TRICARE For Life and Medicare will not be covered during this webinar. TRICARE For Life is tied to Medicare enrollment, and TRICARE For Life coverage is automatic when you have Medicare Part A and you’re paying for Medicare Part B fees. This means that TRICARE’s open season does not apply to Medicare and TRICARE For Life.

If you have more questions about TRICARE For Life, there was a webinar in March titled, “How To Get Started With Medicare and TRICARE,” and that was recorded and is accessible via the Military OneSource website. The audio and transcript is also available from that webinar on the webinar section of the website, and there’s also a series of TRICARE For Life–related podcast episodes and those can be accessed at newsroom.tricare.mil/podcast.

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Additionally, to TRICARE For Life and Medicare, one other thing we won't be covering in this presentation are what we call the TRICARE Premium Plan. That's TRICARE Retired Reserve, TRICARE Reserve Select, and TRICARE Young Adult. Those three plans have continuous open enrollment, so the open season window that we're discussing today—the one that's concurrent, is happening right now, and that ends December 13—that does not apply to those plans either. You can visit tricare.mil/plans/healthplans to learn more about those specific premium plans.

So, open season is here. Open season occurs annually, and it begins on a Monday in the second full week of November and lasts at least 30 days. So for this year, we have open season up again this past Monday, November 14, and will be lasting until December 13, 2022. Enrollment changes that you make during open season are all effective on January 1, 2023. So, the decisions you're making during open season are effective for the following plan year—the following calendar year.

If you do not enroll or make changes during open season, your only option is to make those changes concurrent with a QLE—or Qualifying Life Event. QLEs are 90-day windows that you are given to make enrollment changes, and one important exception to the 90 days is retirement. The window for making changes following retirement can extend up to 12 months. If you go to tricare.mil/lifeevents, you'll have more information about each of those QLEs, and those are the only way that you can make changes again if you're waiting outside of this open season period.

So, these are the plans that Open Season applies to. As I mentioned, we won't be talking about the premium plans, and we won't be talking about TRICARE For Life. You can learn the specifics of each of these plans at tricare.mil/plans/healthplans, again, and we'll be going over the differences between these plans throughout this webinar. As you can see, the main delineation between this list in front of you is between Prime and Select.

We have a lot of Prime options and then we have a couple of Select options. The different types of TRICARE Prime that you may be eligible for are based on your sponsor's eligibility.

So just to reiterate, these are the plans where TRICARE Open Season does not apply. So, those are listed, and then the other group that TRICARE Open Season does not apply to is active duty service members. Active duty service members must be enrolled in TRICARE Prime, and they do not need to do anything during open season for themselves. They may have actions that they'd like to take during open season for their family members, of course—their beneficiaries.

Before the webinar, we did receive another question about the TRICARE Young Adult and how that factors in. TRICARE Young Adult—again, continuous open enrollment. So, whenever there is a change for that young adult member in your family, you could make those changes, and there's more information on that at tricare.mil/tya for TRICARE Young Adult.

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So, if TRICARE Open Season applies to you, hopefully, you're still with me. And so, you have three options. So, you can stay in your current health plan. If you want to stay with what you had this past year, you don't need to take any action, as long as you're still eligible for the same thing going forward.

Your other option is to enroll in a health plan. So, if you didn't have a health plan last year, you can choose to begin an enrollment, and that would start January 1 of 2023.

Your last option would be to change health plans. For whatever reason, either because you changed eligibility or because the makeup of your family changed or there's some reason why another plan is more beneficial to your family, you can also use this open season time period to change plans.

But again, if the changes that you would like to make fall under the category of QLEs, you can do those based on the date of those changes, and you don't have to do those just during open season.

Beyond sponsor status, DEERS also is the record of your eligibility, and that may factor into which plans are available to you. It's important that you keep information about your family and about you current in DEERS, and you can learn more about DEERS and how to make updates in DEERS at tricare.mil/deers. DEERS is just exceptionally important because the eligibility that's there is going to drive your understanding of which plans are applicable for your family.

There are some questions that are important to consider before you choose your health plan. On the right is a list of websites that can offer more information as you answer these questions for your family. So, if we look at the first one here, it says, "Which plan may be eligible for based on your sponsor's status?" When you go to the plan finder, you'll be able to enter your sponsor status. You're to enter whether they're in Group A or Group B. You'll be able to put in where you live—all of those things—and look at which plans may be applicable to you.

The second question is, "What type of health plan is it?" We'll talk a little bit more about what's the difference between those Prime and Select health plans, and then from there, you might need to think about what best serves each of your family members. Your whole family does not have to be in the same plan. So, you can make decisions based on what makes the most sense.

The next question on there is, "How much will we have to pay for care?" So, you can compare costs on the website, and you can also look at the costs that will be for the following year—so you can look up the calendar year '23 costs to see how much those are. You can also look at the calendar year '22 costs and see what the differences are as you plan ahead.

Another question on here is whether you prefer getting care at a military hospital or clinic. That'll factor into whether you're more interested in Prime and Select, and we'll talk about that a little further.

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The second to the last question on this list is, “Do you want to pick your own health care provider, and how do referrals work?” So, we’ll talk about PCMs—primary care managers—and how those can factor into the different health plans. And you might have a preference on how you would like your care managed. Do you want to be the primary care manager, in a sense, or do you want that to be assigned to you?

And the last one is, “Do you expect any big life changes in the next year?” If you’re going to have life changes that may affect what type of care you might need, that may factor into your plan choice and then also how much you might want to spend on a health plan.

So, as I mentioned previously, TRICARE Prime is mandatory for active duty service members, but again, they don’t need to take action during open season. Otherwise, TRICARE Prime eligibility is mostly for those service members and their families.

It can also apply for retirees and their family members and then a few others. But the main thing about TRICARE Prime is that you must live in a Prime Service Area. To find out if you live in a Prime Service Area, you can go to tricare.mil/psa, and the plan finder tool there will include entering your ZIP code, which lets you know what is available in your area.

There are a few other options for TRICARE Prime, and they’re listed here. You have TRICARE Prime Remote, you have the US Family Health Plan, and you have TRICARE Prime Overseas and TRICARE Prime Remote Overseas. Those options are generally not available for retirees, but for active duty family members, those may be options for you. TRICARE Prime Remote and US Family Health Plan, TRICARE Prime Overseas—all of those are based off of where you live. So they function similar to the PSAs that we’re talking about—the Prime Service Areas within the United States—but their requirements are more narrow than that. So, for example, for the US Family Health Plan, that’s only offered in six areas of the United States, and most of the areas—it’s upper New England, Southern Texas and Louisiana, and then up in Washington State. So, the specific plan that you’re eligible for if you want TRICARE Prime could be further narrowed if you live in one of those specific areas.

In regard to getting care with TRICARE Prime, I’d like to explain a little bit about how it works, and this is where we’ll start really looking at the differences between Prime and Select. So, TRICARE Prime is similar to an HMO on the private sector side. They’ll require that you have a primary care manager and that you get referrals for your specialty care. So, you’ll get the most out of—most of your routine care from your primary care manager, and your primary care manager can be a civilian network provider, it could be at an MTF. You could also be underneath the US Family Health Plan. Your PCM would then refer you out for care that they don’t provide at their facility, and then they’ll work with the TRICARE regional contractors for your referrals and your authorization.

So, for TRICARE Prime, it’s important to remember that that requires referrals and that you’re living within a Prime Service Area and you have a primary care manager. You need to also remember that TRICARE Prime generally features the use of military treatment hospitals as facilities and clinics, and there are four special cases of TRICARE Prime that we looked at on

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the previous slide. So, you have TRICARE Prime Remote, TRICARE Prime Overseas, TRICARE Prime Remote Overseas, and the US Family Health Plans. Those special cases do not apply to retirees. So, for retirees, if the TRICARE Prime option is what you're interested in, then it would just be the TRICARE Prime Plan. It's not one of these special cases. You can look up covered services at the link at the bottom of this slide—tricare.mil/coveredservices. And this could be very important when you look at what your family, what your needs specifically are, to see if those would be covered within the specific plan and where your PCM might be based off of the plan that you're in if you choose TRICARE Prime.

So, talking about costs, we have out-of-pocket costs with TRICARE Prime, and in comparison to TRICARE Select, Prime generally has lower out-of-pocket costs. When you follow the rules of the TRICARE Prime plan—and by that, one of the things I'm talking about is you're living within the PSA specifically—those out-of-pocket costs that you'll have will be limited to your catastrophic cap. The cost that you pay under the point-of-service option don't apply towards your catastrophic cap. "Point of service" refers to the non-emergent health care services that you get from any TRICARE-authorized civilian provider in or out of network without requesting a referral for your PCM. Just to rephrase, any costs that you pay point of service or without referrals don't count towards your "cat cap," and that's really important. So, you only contribute to your "cat cap" with your copayments themselves. There's also no deductible with TRICARE Prime. You can look up the 2023 costs and fees, and you can compare costs between the different plans and look at how these out-of-pocket costs factor between Select and Prime, and you can do that at the compare cost. The link is at the bottom of the page, and you can also go to tricare.mil/costs—that's another place that you can find more information about this one.

So here we have TRICARE Select. So, TRICARE Select is most similar to a PPO plan, if you're familiar with that, and this is for beneficiaries that are not enrolled in TRICARE Prime and they're not entitled to Medicare. So, if you are in TRICARE Select, you do not have to live within a Prime Service Area.

So, you have a choice in that aspect, and you also cannot be entitled to Medicare if you would like to have TRICARE Select. So, those who are eligible for TRICARE Select, we're looking at active duty family members, retirees, and retired family members. So, for retirees and their family members, that would mean that this is before the age of 65 or before the time that they are otherwise eligible for Medicare.

TRICARE Select Overseas is also available if you do live overseas. TRICARE Select Overseas is the same as here in the sense that you can manage your own care and you can go to TRICARE providers of your choice while you're overseas. And then just again, as a reminder, active duty service members may not use TRICARE Select, but their family members can be enrolled into TRICARE Select.

So, as I mentioned, TRICARE Select allows you to choose your own TRICARE-authorized provider rather than having a PCM, and that means that you don't necessarily need to live within the PSA. You can live wherever, and you also may have lower out-of-pocket costs if you choose TRICARE-authorized network providers. If you choose a provider who isn't a TRICARE-

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authorized provider, you won't be reimbursed. So, you're going to have the full cost of that as your responsibility. If you want to look to see if a current provider that you have is a TRICARE network provider, you can go to the Find a Doctor Tool, or you can call your regional contractor specifically to find out. And then that might be something that factors into your decision and your choice for whether you pick Select. You might find that if you stay with Select, you can keep a PCM that you really work well with, and that might be the best option for you.

Another piece here is that you don't need a referral or pre-authorization in most situations when you have TRICARE Select, so that's taking out one step, when you would like to go to seek additional care. And TRICARE Select does have a deductible, unlike TRICARE Prime, and we'll go into that on the next slide.

So, the out-of-pocket costs with TRICARE Select tend to be higher than for TRICARE Prime, and this is because of the choice aspect. With TRICARE Select, there's the annual deductible for your TRICARE-covered services. Deductibles are just those allowable costs or charges for covered outpatient services or supplies, and the deductibles—just like the “cat caps” and all the other fees that we've mentioned, are determined on a calendar year basis. With TRICARE Select, after your deductible is met, you pay a per-visit copayment. Your out-of-pocket costs are then limited to your catastrophic cap, and you'll want to pay attention to the in-network and non-network costs because as I said, if you go out of network, you're going to have the brunt of those costs on you as well. So then at the end again—just reminding you of these great tools that you have at your disposal at tricare.mil/comparecosts. You can look at the 2023 health plan costs and see if it might be an option that makes sense for you.

So, the two big cost differences between Prime and Select are the fact that Select ends up with higher out-of-pocket costs, and this is primarily because Select has a deductible, and you're paying for the ability to choose where to get your care. Select is most similar to the private sector PPO option, while Prime is most similar to the HMO option.

Another big differentiation between Prime and Select are location requirements, right? So, for Prime, you must live in a PSA. For USFHP, which is one way to get TRICARE Prime, you have to live in specifically one of their coverage areas. And then for TRICARE Select, you can live wherever.

At the start of the webinar, before we started, we received a question about the difference between Prime and Select as it relates to care at the MTF. If you have TRICARE Prime and your PCM is at the MTF, you'll have priority at that MTF. However, if you have Select, you can still go to the MTF for care, but you do not have priority. If you have Prime through USFHP though, you do not have the option to be seen at the MTF at all. So that's just one point that we wanted to make on this slide.

And this side of this chart, there are a few other notes in here about the deductibles. We talked about that—about where you can receive care, about pre-authorization, referrals being required for TRICARE Prime and often not required for TRICARE Select, and then just lastly, the concept

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of whether you're really the one managing your care and choosing your TRICARE-authorized providers or if you leave that responsibility to your trusted primary care manager.

So now that you kind of have an idea of what the different plans look like, you may be wondering how to actually make the changes that you need to make. So, you have some options.

You can make those changes online by logging into milConnect, and you can log in with your CAC, or you can log in with a DS logon. You can call your contractor—and there's contact information for all the contractors at tricare.mil/partners. You can also mail in your enrollment form. You can find the forms themselves for download and then the addresses for the contractors at tricare.mil/forms. And then in-person—if you like to do enrollment that way—that's only an option if you are overseas. And to do that, you need to visit an overseas TRICARE Service Center. Otherwise, the other three options are what you would have CONUS. And lastly, there's one more website on there for your reference—tricare.mil/enroll—and that will give you some more information about enrollment in general.

But if you need to make any changes outside of open season, which is this period that we're in through December 13th, you have to have a QLE. And again, I just like to reiterate that retirement itself is a QLE. We had a couple questions about that before the webinar as well. A change in status to retiree means that you can make changes to your health plan or enroll in a new plan.

We received a specific question about what to do during open season if your retirement date is, for example, December 1st of this year, 2022. If you have that as your retirement date, you would have a QLE at that point, which means that you could enroll and care for yourself and your family effective December 1st. It would be in your interest to use the QLE to choose a plan for your family and for yourself as opposed to doing it through open season, because the changes you're making open season will not be effective until January 1st of 2023. So, it makes most sense if your retirement date is somewhere between now and the end of the year to use the QLE so that you have care immediately—effective your retirement date—rather than in January.

Lastly, for this slide, you just need to make sure that you remember that these are active choices. So, you need to enroll in a plan if you desire coverage for civilian or private-sector care. If you do not take action during open season, you'll lose TRICARE coverage and may only be eligible for care at military hospitals or clinics if space is available or until the next open season. The only exception here is if you're currently enrolled in a plan and you choose to make no changes, and in that case, your plan for calendar year 2023 will be the exact same as what you have for calendar year 2022, as long as there are no changes to your eligibility.

When it comes to making those enrollment changes, one of the things that's very important is DEERS. I did mention how DEERS is our repository for eligibility, and that means that TRICARE looks to DEERS to find out whether or not you're eligible. TRICARE cannot do anything to change your eligibility, and if there's an issue with your eligibility, that needs to be reviewed with

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your uniformed service. So, the TRICARE Health Plan and our private sector care contractors that support the health plan look directly to the services for those eligibility determinations.

The TRICARE Health Plan Division cannot affect or change or edit that eligibility on your behalf. And so, the information we have and that we use to provide you information on your options is what we pull directly from DEERS. Any issues that you have with eligibility dates, timelines, or beneficiaries under your account must be addressed through your service personnel office and reflected in DEERS. And once that's reflected in DEERS, then the TRICARE Health Plan or the private sector care contractors can make changes based on that eligibility. That's why maintaining DEERS is of utmost importance. So, we want to make sure that your information in there is correct to include your address, to include your beneficiaries—everything like that. And then you have, on the slide, your options for updating DEERS—so you have online, phone, and in-person options for updating DEERS, and you can learn more about DEERS, again, at tricare.mil/deers. If your concerns are specific to just enrollment and not eligibility, you can definitely then call your TRICARE contractor.

So, we're focused on the TRICARE Health Plan open season, but this is also the Federal Benefits Open Season. And this is important because that's where you may be looking to get your dental and vision coverage. The FEDVIP program is administered by OPM—the Office of Personnel Management—and their open season is almost the same as ours. So, we started the same day on November 14, and they end one day sooner than us—they end on December 12. And the enrollment changes that you make during open season with FEDVIP are also effective January 1st, 2023, just like the open season changes that you make here with the TRICARE health plan.

Just like with the health plan, if you don't want to change anything that you currently have with FEDVIP, you'll automatically be enrolled in your 2023 plan, and you don't need to do anything.

And another thing to mention about FEDVIP is that you need to be enrolled in a TRICARE health plan to be eligible for FEDVIP Vision specifically.

There are a couple of websites on here that are helpful. The BENEFEDS website—you can go there to check eligibility and also to enroll. That's their enrollment platform, and you can learn more about FEDVIP. And they actually have a webinar as well, and the link for that is at the bottom here of the slide.

So, this goes through your FEDVIP eligibility as it compares to TRICARE. So, over on the left side of this chart, you have the different types of TRICARE beneficiaries that we have and then whether or not they qualify for FEDVIP Dental. So, our active duty service members—they're the "no's" across the board—and that's because they're covered through the TRICARE Dental Program. And then for family members—again, family members can also qualify for the TRICARE Dental Program. But for their vision, that can be covered via FEDVIP.

And we have reserve component members and their family members—they're also eligible for dental. And then we have retired service members and their family members, who are in Prime,

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Select, or TRICARE For Life. They're all eligible for FEDVIP—and for both dental and vision. So, again, you have to be enrolled in a TRICARE plan to have FEDVIP Vision.

So, as an example—if we look at the last row on this chart—a retired service member, if they are ineligible for TRICARE For Life because they don't have Medicare Part B, then of course, they would not have eligibility for FEDVIP Vision. But a retired service member who is eligible for Prime or Select, if they enroll in Prime or Select, they can have FEDVIP for vision.

So, there is a wealth of information available online regarding the different plan options, and I'd encourage you to look up the TRICARE publications. There's a few of them that are here. This is a snapshot of what's available for download at tricare.mil/publications. Each brochure goes through the information we've covered today and also incorporates it with information from many of the websites that I've mentioned throughout the webinar. Each of the locations are a great place to start as you learn more about your coverage options. [Tricare.mil](https://tricare.mil) is the perfect hub where you can also look up past webinars and articles with more information about each of the plan options and open season, to include the costs and fees for calendar year 2023.

Here's contact information for your TRICARE contractors. They can help you understand enrollment. Remember, however, that if your question is specifically about your eligibility, please direct those to your uniformed service personnel office. You have a few different options for how to contact your contractors here, and they'll be able to answer most of the questions that you have about any differentiations between Prime and Select and what's offered in your area after you—of course—use the Compare Plans Tool and the Plan Finder Tool on the tricare.mil website.

Throughout this discussion, I've mentioned tools where you can enter information and get more tailored responses. In addition to the pages listed on this slide, you can of course use the plan finder which will allow you to enter your sponsor status, Medicare eligibility, location—things like that—and you can compare plans or cost, you can research covered services, and you can also use the Formulary Search Tool for pharmacy needs.

When you're using those tools and researching online, you may actually also notice reference to "Group A" and "Group B," and I think I mentioned it in passing. But for the purpose of enrollment fees, cost-sharing, deductible, "cat caps," TRICARE Prime and TRICARE Select enrollees are classified in one of those two groups. They're generally based on the sponsor's date of initial service. So, before January 1st, 2018, that's Group A, and after January 1st, 2018, is Group B. You just need to take note of that and use that information when you navigate these tools and you read through these websites.

If you're a surviving family member or you are medically retired, there're cost considerations that are specific to you that you'll discover as you use these tools— there's a place to enter those. For example, if your sponsor was Group A, which means an initial service date before Jan. 1, 2018, you don't actually pay TRICARE Select enrollment fees.

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You can also sign up for email updates—that's at the bottom here—or follow TRICARE on social media for additional updates and tips. And the email updates are in that red box over on the side, and the social media ones are at the bottom of this slide.

So, with that, we've reached the portion of our presentation where we'd love to hear from you. I've several colleagues that have joined me, as I mentioned, and we look forward to answering as many of your questions as possible.

As a reminder, we won't be addressing TRICARE For Life or the premium plans as open season does not apply to them. But we look forward to all the other questions that you have related to open season as a whole, TRICARE Prime, and TRICARE Select. And I'll turn it back over to the moderator to kick us off with the first question.

Host: Thanks so much, Zelly. Open season has started, and I've tried to make changes online. The DS Logon has been down. How do I make changes?

Zim: I think that's an unfortunate technical difficulty. I'd encourage you to try again. The DS Logon might have periods where it's down, but it should come back up quickly. We haven't been aware of any ongoing outages, so you should be able to log back in so that you can access BWE. You can also log in with a CAC if you have one of those available to you, either through yourself or through your sponsor.

Host: I will be eligible for TRICARE Select after TRICARE Open Season ends. How should I enroll?

Zim: So, if you will be eligible for Select, that means that you're having a change in eligibility and that would be a Qualifying Life Event. So, you can enroll at that time, still using BWE—so you would still use your DS logon or your CAC on the milConnect website—or you can call in and you can have your enrollment effective the date of your eligibility. So, it's fine if that eligibility date is outside of open season because that would be a QLE.

Host: I've been direct care-only since the end of 2021. Since I didn't enroll during open season, can I enroll now?

Zim: Yes, please do. Please enroll during open season this year. You have until December 13th to do so.

Host: My doctors aren't TRICARE providers. Can I still use them and be covered by TRICARE Select?

Zim: Yes, you can, but it will cost you more because those would be non-network providers, as we discussed, so those fees might be very high. We would highly recommend that you look up a TRICARE-authorized provider and make sure that you're using those so that you can get the most out of your TRICARE Select enrollment fees and cost-share.

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Host: This is the first time I'm enrolling, and I got married in October and want to add my new spouse but can't get an appointment to update DEERS at an ID facility until after open season. Will I be able to enroll her now or after she is input into DEERS?

Zim: Your new spouse will need to be in DEERS before you're able to enroll her. However, when that information gets in DEERS, it should have a date that is retroactive, and if it does have a retroactive date, then the retroactive date can be used for her eligibility even if that's outside of open season. Because marriage is a Qualifying Life Event—and so we can go based off of the date for that Qualifying Life Event—we don't have to do that just based off of this open season time period.

Host: I'll turn 60 years old in December. How soon can I sign up for TRICARE?

Zim: I think we might be missing a couple pieces of information. So, if they are 60 and they do not currently have TRICARE, my guess is that this is a retired reservist perhaps. So, they can sign up for TRICARE at their 60th birthday and the eligibility would also be based off of whether or not they have Medicare. So, they can sign up for either Prime or Select—and they do need to make sure that their personnel office has the information of their retirement and when that date was on file so that their eligibility is reflected in DEERS.

Host: What if we have Prime but then move outside of the PSA?

Zim: You need to make sure that you update your address when you move outside the PSA. If your new address means that you are in a new PSA, then you could enroll in Prime there. Change of address—or moving or PCSing—that's a Qualifying Life Event. But if you move outside the PSA and you no longer—you would have to have TRICARE Select if you're no longer in a new PSA. So, it's important to make sure that those addresses are up to date in DEERS so that you don't end up with costs and fees that do not match the plan that you think you are entitled to or eligible for.

Host: I am currently not enrolled. I am undecided on Prime or Select. I do not see my current doctor on the Prime list for PCM, so I guess I have to enroll in Select to keep my current doctor.

Zim: If you would like to keep that specific doctor, yes, enrolling in Select would be the best option, but you can also double-check with your provider. If you don't see them online, you can double-check with them to verify whether or not they take TRICARE Select, and I would also suggest that you talk to your TRICARE contractor so that they can verify that before you make any changes or final decisions about your health plan.

Host: My wife retires mid-year. She is already in TRICARE Select. To continue that, do I have to do anything?

Zim: She needs to do something when she retires. So, when she retires, she will have to make sure that she enrolls in TRICARE Select, if that's what she would like to keep, because retirement is a Qualifying Life Event, and you have to actually take action to keep what you are eligible at that time.

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And then for you, if you are her dependent, then you can also make the change based off of her QLE. So at her retirement date, you can also make a change about what plan you are eligible for.

Host: As a retiree who will lose private health insurance in March, is that a QLE, or should I sign up during open enrollment?

Zim: Loss of eligibility is a Qualifying Life Event, so that can be taken care of in March.

Host: What happens if you're enrolled in TRICARE Prime for 2023 but you will become Medicare eligible in July of 2023?

Zim: The point where you become Medicare eligible would be your Qualifying Life Event, so that's when things would change. Once you become Medicare-eligible, if you sign up for Medicare Part B, then you'd have the option to—well, then you would be eligible for TRICARE For Life. You don't have to do anything to have TRICARE For Life, but you do need to make sure that as soon as you're eligible for Medicare, you go ahead and sign up for Medicare and pay your Part B premium.

And just as an extra thing on that, for Medicare, you can make sure to do your enrollment up to three months before your birthday just so that you're sure that you don't have a gap in coverage between your transition from whatever plan you have now and then into TRICARE For Life.

Host: Does moving to another state equal a life change event in order to make any changes to our health and dental benefits?

Zim: Yes, moving to another state qualifies as a Qualifying Life Event, so you can make changes based off that. For TRICARE, you have a 90-day window in order to do that, and you can also check the BENEFEDS website for their Qualifying Life Events related to FEDVIP for vision and dental.

Host: I'm a retiree and enrolled in TRICARE Prime. My wife will be 65 in January 2023. I understand she'll automatically be enrolled in TRICARE For Life. My question is, do I have to do anything through DEERS or will everything be done automatically through the system? For example, what happens with billing? Do I go down from a family plan to a single plan? Thank you.

Zim: When your spouse becomes eligible for Medicare when they turn 65, as long as they pay for Part B premiums then they're eligible for TRICARE For Life. And then when that change is made, it needs to be made in DEERS, and that's how TRICARE will know that your spouse is eligible for TRICARE For Life. Once that change is made in DEERS, because that is a Qualifying Life Event, you can make any changes to your plan—your health plan—as you would desire at that point. So, if you do need to make any edits, you can do that then.

Host: My birthday is May of 2023. I have TRICARE and FEDVIP. What action should I take now?

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Zim: You don't have to take any action now unless you want to. If you take action now, it will be effective January of 2023, but you would also find yourself with another period of being able to take action around your birthday in May for another 90-day period. So, if you like what you have now in terms of your health, vision, and dental care, you don't need to do anything during open season.

Host: If your sponsor is eligible for TRICARE Select but spouse and family members aren't, how do you calculate fees?

Zim: You only need to be paying for what you're receiving. I can't think of a situation where the sponsor would be eligible, and the spouse and dependent children would not be. So, if that person has more specifics on their question and they'd like to send that in, we can try to answer that offline.

But you would only be paying for what you have. So, if only the sponsor has TRICARE, then you're going to pay the individual TRICARE fee. And then maybe if the spouse and kids are on an employer-sponsored plan or something like that, you're not paying a family fee for that, because they're not being covered by TRICARE.

Host: Thank you. Is there a deductible for Prime?

Zim: No, there's not a deductible for Prime. There's only a deductible for TRICARE Select.

Host: Do surviving spouses pay enrollment fees?

Zim: No, surviving spouses do not pay enrollment fees.

Host: Go ahead.

Zim: Sorry, surviving spouses—Shane is going to add one other thing for that. So, Shane is another one of my colleagues here in TRICARE Policy and Programs.

Shane Pham: Forgive me for not having the time periods memorized, but there are time periods set, so they may have to pay after—I think it's three years—and if there's any other co-workers on here that remember the time frame, please speak up now.

Calvin Keller: This is Calvin Keller at DHA Communications, and Shane is correct. After three years, the spouse pays a retiree rate for the TRICARE Prime benefit.

Pham: Thank you for clarifying that one, Calvin.

Zim: Thank you, Calvin.

Host: Is the enrollment fee an annual fee that is separate from the monthly payments we pay for our health plan?

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Zim: No. Currently, you have the option to pay either annually or monthly. So, you're paying either once a year and you're paying your whole enrollment fee or you're paying it monthly throughout the year. And then your other fees are based off of which plan you pick, and so you can see that on the Costs and Fees Sheet.

Host: I'm currently still getting health insurance through my current employer. I want to supplement that with TRICARE. Can I do that?

Zim: Yes, you can do that if you would like to pay an enrollment fee for a TRICARE plan. Just remember that the TRICARE plan would be the secondary payer if you have another employer-sponsored health plan.

Host: OK. Are we able to ask for a specific PCM if we are TRICARE Prime, or do we have to stick with the one we're assigned to?

Zim: You can request to change your PCM if you're TRICARE Prime. You just need to call your contractor in order to do that.

Host: How do I get connected to a regional contractor?

Zim: There was a previous slide that had the contact information for the different regional contractors, and so you can look up their phone number and also their websites. And if you go on the [tricare.mil](https://www.tricare.mil) website and you look at the different plans—look at the Plan Finder, you'll be able to tell which plans are available to you in the area that you're in, and by doing so, you'll know which contractor to contact.

Host: OK. If you live in two different areas of the U.S., summer and winter residents, how do you get primary care providers in both locations?

Zim: The best way to do that would be to have TRICARE Select, because then you can get health care in both locations, and you could have the equivalent of a primary care manager in both of those locations. If you have TRICARE Prime, you will not have the option to do so. You would have to go travel back to the location of your TRICARE Prime PCM whenever you wanted care or you needed a referral from them—of course, unless they had telehealth capabilities to support the fact that you were not there for part of the year.

Host: Thank you. I'm retired and now live in a remote area and not in a PSA. Can I still select Prime if I don't mind driving to a PSA for care?

Zim: No, because TRICARE Prime is based on your address where you're actually living, and it's made to maximize the readiness of those military treatment facilities. So, for you, the best option would be TRICARE Select.

Host: OK. Can you explain the "cat cap"? How does it work?

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Zim: So, the catastrophic cap is the maximum amount that you could have to pay during a plan year. Those are posted for each of the different plans on the Costs and Fees Sheet. And so everything that you pay—when you pay your copays, every time you go to the doctor—that counts towards your “cat cap,” as long as it’s in network.

So, for TRICARE Prime, for example, you have a \$30 copay. every time you pay that \$30 copay, it’s adding up to your catastrophic cap. Once you get to a point where you’ve exceeded your catastrophic cap, those fees are covered.

If you go to receive care out of network, however, then that amount that you pay out of network doesn’t count towards your catastrophic cap, so that’s the mechanism to encourage you to seek care within the network. And it’s protecting you by limiting the amount of out-of-pocket expenses you could pay for TRICARE-covered medical services within a single plan year.

Host: Did you say that retirees are not eligible for the USFHP? We live in an area with a Johns Hopkins program.

Zim: Retirees are eligible for USFHP. Active duty members are not eligible for USFHP.

Host: Thank you. If I’m in TRICARE Prime and the only urgent care facility near me is not a TRICARE provider, do I incur all of the costs if I use that facility?

Pham: Hi, this is Shane Pham again. If it is a TRICARE-authorized urgent care center, then you can go to it still.

Host: I applied late last year for TRICARE Select and did not join in time to get vision and dental services. Do I reapply for TRICARE Select again and then add vision and dental?

Zim: No, the enrollment processes for the two are separate. So, if you did apply for TRICARE Select and you’re in TRICARE Select currently, you’ve nothing that you need to do for the TRICARE Open Season. In order to get your dental and vision coverage, you need to go over to the BENEFEDS website via FEDVIP and apply for your vision and your dental within their open season, which is running right now, and that ends on December 12.

Host: If I lose my civilian health insurance at some point during the year, is that considered a QLE?

Zim: Yes, that would be a QLE because it’s a loss of health care coverage.

Host: Thank you. We have Select now. The sponsor, a retired veteran, is in a different state and will be changing his address in DEERS. Does that impact the spouse and dependents on the Select benefit?

Zim: Not for Select, because your address isn’t relevant for Select. But if he is changing his address, that would be a Qualifying Life Event for them and so you can also make changes for

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the rest of your family based off of that, even if that Qualifying Life Event happened outside of the bounds of our open season dates.

Host: What happens if we're in TRICARE Select and cannot find a specialist within our ZIP code?

Zim: I would go ahead and call your regional contractor to see if you can get some help finding a specialist that would be amenable, that wouldn't be too far away—but yes, I would definitely call them if you're not finding something that's on the website already.

Host: OK. I haven't gotten my new ID card and can't get to an ID card center yet to get DEERS updated due to a family emergency. Once settled, can I then enroll? I just got my official retirement letter just before my emergency and it was backdated to March 2022.

Zim: Whenever you finally go to DEERS and that information gets entered into DEERS, the personnel office will determine whether or not to backdate your eligibility for TRICARE. So once that happens and the eligibility for TRICARE is in the system, then TRICARE Health Plan can make changes and you'd have a Qualifying Life Event. So, you just need to make sure that as soon as you're able, you are able to get that information into DEERS so that we can then take care of your health plan coverage.

Host: I'm currently employed and have a PPO plan from the employer and will be enrolling in Select. How will these plans be treated—i.e., who is primary and who is secondary payer?

Zim: Your employer-sponsored health plan is going to be your primary payer and TRICARE Select is going to be your secondary payer.

Host: Question: Do we have to cover our 18-year-old? They do not live at home, we do not support them financially, we do not claim them on our taxes.

Zim: You do not have to. If you would like to give them the opportunity to have TRICARE Young Adult or they would like to have TRICARE Young Adult, they would need to pay those enrollment fees and they can do that based on their eligibility as still under 26 years old, but that's a decision that you all can make as a family.

Francine: This is Francine, and I work in Communications Customer Service in the Communications section. They will still reflect in DEERS as eligible up until age 21, whether you as a sponsor have any kind of relationship with them. They would be responsible for doing their own enrollment in Prime or Select if they so choose. Is that correct, Zelly?

Zim: Yes. Thank you for that clarification that up until 21. But they would still need to enroll—they are just still eligible. There would be an enrollment fee attached to their usage of the TRICARE program.

Host: My husband will be officially retiring 1 July 2023. If we choose to stay with TRICARE Prime retire, can we decide to switch to TRICARE Select retire later in the future?

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Zim: Yes, if you pick TRICARE Prime at the time of retirement, then your next option to choose a different plan, such as TRICARE Select, would be during the following open season. So based off of that information, that would be open season of next year in 2023. And then the only other time that you could make changes would be with a QLE. So, you retire next summer and then three or four months later you decide that, “Oh, actually, we’re moving to Hawaii” —that moving could be the QLE that could trigger another enrollment period for you.

Host: If contracted in Iraq as a military retiree, can I use my TRICARE Prime retire?

Zim: No, that’s not one of the covered regions for the TRICARE Overseas. So, for TRICARE Overseas, you only have the option for TRICARE Select, and then it’s only in specific coverage areas. So, I would encourage you to go on the TRICARE website and look up TRICARE Overseas to see what’s available. But because you are eligible for TRICARE, if you have beneficiaries, they may be eligible for something based off of where they live, so that would be a consideration as we’re in open season.

Host: Does the catastrophic cap apply if you see an out-of-network doctor?

Zim: No, it does not. You don’t—anything that you pay for an out-of-network doctor does not count towards your catastrophic cap.

Host: OK. And then last question: If you have a Qualifying Life Event, are you able to make changes online or do you have to go to your closest DEERS office?

Zim: You can make changes online. I believe that I gave the website for MilConnect. You can go to BWE, go to your benefits and make changes that way—so there’s a spot there for you to enter your QLE and the dates for that QLE and everything like that, and to upload supporting documentation and everything like that. So you can do that online. You can do that also in-person at a DEERS office if you’d like to.

Host: Great. And Zelly, do you have any final or closing thoughts for today?

Zim: Just a big thank you. I appreciate everybody who is on this webinar and for the great questions you all asked. Very pleased to see that we had a lot of engagement and that you all are interested in finding out how to make the best health plan choices for your families. And then, thanks to everybody who was on the line from DHA and Military OneSource with your help with facilitating questions and facilitating this webinar altogether. And happy Thanksgiving!

Host: I just also want to thank Zelly and her team for sharing their invaluable expertise and experience. I’d also like to thank all of our attendees for participating in today’s webinar.

If we didn’t answer your question today, please refer to the contact information in your copy of the webinar slide deck. And also, you can find many of the answers to questions about TRICARE on the TRICARE website at [tricare.mil](https://www.tricare.mil).

This concludes today’s webinar on TRICARE Open Season and your options. Thank you.