



- **ATTENTION PRESENTER:** To ensure that those using TRICARE get the most up-to-date information about their health benefit, go to www.health.mil/tricarebriefings for the latest version of this briefing before each presentation. Briefings are continuously updated as benefit changes occur.
- **Presenter Tips:**
 - Review the briefing with notes prior to your presentation.
 - Remove any slides that don’t apply to your audience.
 - Review the *Other Important Information* briefing slides and the *Costs* briefing slides at www.health.mil/tricarebriefings to identify any additional slides to include in your presentation.
 - Launch the briefing in “slide show” setting for your presentation.
- **Estimated Briefing Time:** 45 minutes
- **Target Audience:** Members of the National Guard and Reserve during retirement and their families
- **TRICARE Resources:** Go to www.tricare.mil/publications to view, print, or download copies of TRICARE educational materials. Suggested resources include: *TRICARE Choices for National Guard and Reserve Handbook*, *TRICARE Retiring from the National Guard or Reserve Brochure*, *TRICARE Plans Overview*, *TRICARE Dental Options Fact Sheet*, and *TRICARE Costs and Fees Fact Sheet*.
- **Briefing Objectives:**
 - Increase awareness of TRICARE benefits for retired National Guard and Reserve members.
 - Educate beneficiaries on coverage options available as they transition throughout retirement.
 - Inform beneficiaries of the necessary steps for accessing the TRICARE benefit.
- **Optional Presenter Comments:** Welcome to the *TRICARE Benefits/Programs for National Guard and Reserve Members during Retirement* briefing. The goal of today’s presentation is to explain how to use the

TRICARE benefit after retirement from the National Guard and Reserve.

Today's AGENDA



- What Is TRICARE?
- TRICARE Program Options
 - Under Age 60
 - Ages 60–64
 - Age 65 and Older
- Other Important Information
- For Information and Assistance

- Today, we will discuss what TRICARE is and program options for National Guard and Reserve members during retirement under age 60, between ages 60 and 64, and age 65 and older.
- We will also discuss other important information about the Affordable Care Act.
- Finally, we will provide resources for getting assistance and finding answers to any additional questions.
 - To learn more about TRICARE options, go to www.tricare.mil.
 - To get TRICARE news and publications by email, sign up at www.tricare.mil/subscriptions.
 - To sign up for benefit emails about your eligibility and enrollment changes, go to <https://milconnect.dmdc.osd.mil>.

Today's AGENDA

- What Is TRICARE?
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 - Under Age 60
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- **Optional Presenter Comment:** First, we will discuss what TRICARE is.

What Is TRICARE?

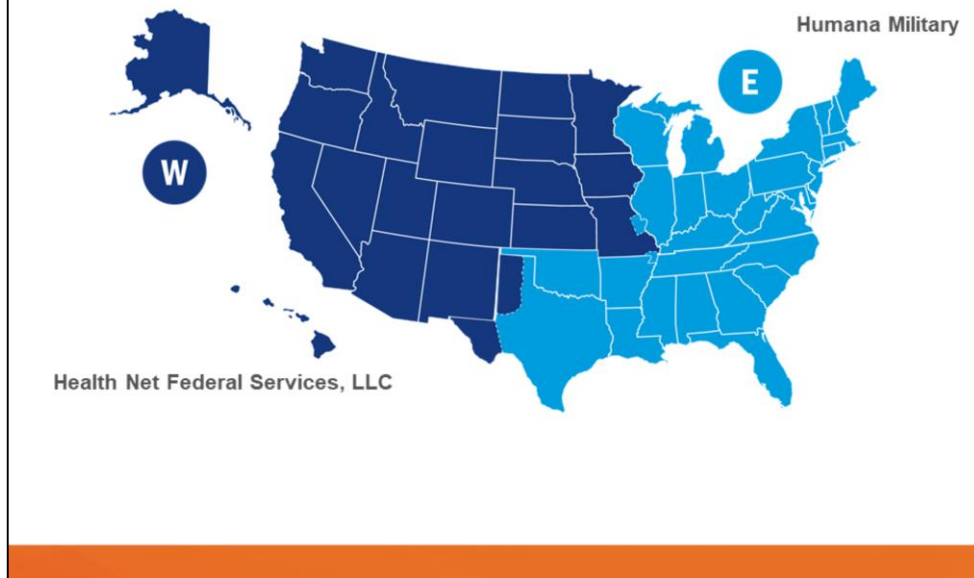


- Uniformed services health care program
- Worldwide network
 - Military hospitals and clinics
 - Civilian health care providers

- TRICARE is the uniformed services health care program, which brings together the health care resources of the Military Health System—such as military hospitals and clinics—with TRICARE-authorized civilian health care professionals, institutions, pharmacies, and suppliers (network and non-network) for beneficiaries eligible by law.

Note: Throughout this presentation, the term “family members” refers to dependents of service members who are eligible to use TRICARE.

TRICARE Stateside Regions



- TRICARE is available worldwide and managed regionally. Benefits are the same regardless of where you live.
- There are two TRICARE regions in the United States—TRICARE East and TRICARE West—and there are different customer service contacts for each stateside region.
- Health Net Federal Services, LLC 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 prior authorizations for certain health care services.
- Contact information for each region will be provided at the end of this presentation.

TRICARE Overseas Program



Latin America and Canada

Canada, the Caribbean Basin, Central and South America, Puerto Rico and the U.S. Virgin Islands

Eurasia-Africa

Africa, Europe and the Middle East

Pacific

American Samoa, Asia, Australia, Guam, India, Japan, New Zealand, Northern Mariana Islands, South Korea and Western Pacific remote countries

- The TRICARE Overseas Program is made up of one overseas region divided into three geographic areas: Latin America and Canada, Eurasia-Africa, and the Pacific.
- International SOS Government Services, Inc., or International SOS, is the contractor for the TRICARE Overseas Program.
- Each overseas region is managed by a TRICARE Area Office. This office is located in each overseas area to ensure operational support to military hospitals and clinics and TRICARE users in their geographic areas.
- Contact information will be provided at the end of this presentation.

Keep DEERS Information Up To Date



Being able to use TRICARE depends on keeping DEERS up to date. Update DEERS after you have a life event, like getting married or divorced, moving, giving birth, adopting a child, retiring, and other changes.



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

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



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



Call 1-800-538-9552.



Fax 1-800-336-4416.

- The Defense Enrollment Eligibility Reporting System, or DEERS, is a database of service members and dependents worldwide who are eligible for military benefits, including TRICARE.
 - Your TRICARE eligibility shows up in DEERS based on the sponsor's status. To maintain your eligibility, you must update DEERS after any life event. If you don't, you may miss important information and enrollment deadlines. This could mean you lose access to care. A life event can include getting married or divorced, moving, giving birth, adopting a child, or retiring.
 - 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, and/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.

Beneficiary Categories: Group A and Group B

- All beneficiaries fall into one of two categories based on when you or your sponsor entered the uniformed services. The groups pay different costs and fees.
 - **Group A:** If your or your sponsor's initial enlistment or appointment occurred before Jan. 1, 2018, you're in Group A.
 - **Note:** When enrolled in a premium-based plan (TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE Young Adult, or the Continued Health Care Benefit Program), Group A beneficiaries follow Group B deductibles, cost-shares, and catastrophic caps.
 - **Group B:** If your or your sponsor's initial enlistment or appointment occurred on or after Jan. 1, 2018, you're in Group B.

- All beneficiaries fall into one of two categories based on when you or your sponsor entered the military. The groups pay different costs and fees.
 - **Group A:** If your or your sponsor's initial enlistment or appointment occurred before Jan. 1, 2018, you're in Group A.
 - **Group B:** If your or your sponsor's initial enlistment or appointment occurs on or after Jan. 1, 2018, you're in Group B.
- When enrolled in premium-based plans, including TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE Young Adult, and the Continued Health Care Benefit Program, Group A beneficiaries follow Group B cost-shares, deductibles, and catastrophic caps.
- Because this designation is based on your or your sponsor's uniformed services initial enlistment or appointment, this category can't be changed by any action taken by the beneficiary (for example, switching plans or failure to pay).
- Monthly premium amounts for the premium-based programs can be found at www.tricare.mil/costs.

Retired Reserve Coverage Timeline

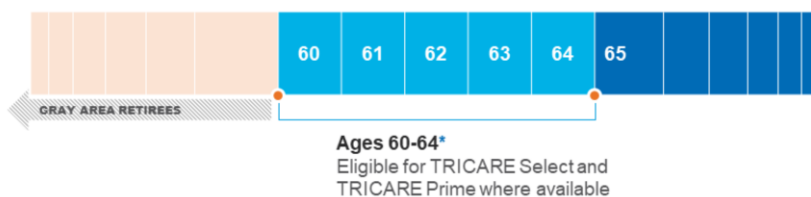
National Guard or Reserve Retirement

Under age 60

Retired Reserve members may qualify to purchase TRR

Age 65 and above*

Begin TRICARE For Life



* If you become Medicare-eligible due to disability, you may transition to TRICARE For Life as early as age 60.

- Retired Reserve members who aren't yet age 60 may qualify to purchase TRICARE Retired Reserve, or TRR, coverage. This includes Retired Reserve members receiving early retired pay (before age 60) who do not become TRICARE-eligible as retirees until age 60.
- Retired Reserve members ages 60 through 64 are entitled to TRICARE Select or TRICARE Prime (if in a Prime Service Area, or PSA). They must enroll in either TRICARE Prime or TRICARE Select (enrollment fees may apply) within 90 days of the date the sponsor turned age 60.
 - A PSA is a geographic area where TRICARE Prime is offered. It is typically an area near a military hospital or clinic. Determine if you live in a PSA by checking your ZIP code at www.tricare.mil/psa.
 - Beneficiaries ages 60 through 64 who are entitled to premium-free Medicare Part A and also have Medicare Part B become eligible under TRICARE For Life, or TFL.
- At age 65, beneficiaries who are entitled to Medicare Part A and have Medicare Part B will transition to TFL.

Note: If you become Medicare-eligible due to disability, you may transition to TFL as early as age 60.

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- **Optional Presenter Comment:** We will now discuss TRICARE program options for retired National Guard and Reserve beneficiaries under age 60.

Step 1—Qualify

TRICARE Retired Reserve

- Retired Reserve members may qualify for TRR if they are:
 - Not eligible for or enrolled in Federal Employees Health Benefits (FEHB) Program under sponsor's own employment
 - For more information, visit www.tricare.mil/trr.

- TRR is a premium-based health plan available for purchase by qualified members of the Retired Reserve and their families.
- TRR is a comprehensive health plan similar to TRICARE Select (stateside) or the TOP Select (overseas).
- You won't qualify for TRR if you're eligible for the FEHB based on civilian employment or if enrolled in FEHB through a family member.

Note: Surviving family members who are eligible for or enrolled in FEHB may purchase TRR.

- To determine qualification, visit the Beneficiary Web Enrollment, or BWE, website at <https://milconnect.dmdc.osd.mil>.

Note: Contact your Reserve component personnel office with any questions regarding qualifying for TRR, especially if you or your spouse is a federal employee and may be eligible for FEHB.

Step 2—Purchase

TRICARE Retired Reserve

Purchase TRR:

- Online at <https://milconnect.dmdc.osd.mil>
- By mailing a completed and signed *Reserve Component Health Coverage Request Form* (DD Form 2896-1) form to your regional contractor
 - Include initial premium payment
- By calling your regional contractor
- In person overseas at a TRICARE Service Center

For TRR, if enrolled in another TRICARE program, submit a TRR request within 90 days of the other TRICARE program ending to ensure continuous coverage.

- With TRR, member-only or member-and-family coverage can be purchased.
- You can purchase coverage the following three ways:
 - Online by using BWE. Log in to milConnect at <https://milconnect.dmdc.osd.mil>, click on the “Benefits” tab, and then click on “Beneficiary Web Enrollment (BWE)” from the menu.
 - Calling your regional contractor, or
 - Mailing a signed *Reserve Component Health Coverage Request Form* (DD Form 2896-1), along with the premium payment amount indicated on the form. The initial payment required is two months of premiums.

Note: If overseas, you can’t purchase coverage using BWE. You can only purchase coverage by phone, by mail, or in person at a TRICARE Service Center.

- You can access the BWE website by using:
 - Common Access Card, or CAC
 - Defense Finance and Accounting Service, or DFAS, myPay PIN
 - Department of Defense, or DoD, Self-Service Logon, or DS Logon

Note: To receive a DS Logon premium account, service members and retirees with a CAC or DFAS myPay PIN may request a DS Logon for themselves and eligible family members:

- Via the DS Access Center at <https://myaccess.dmdc.osd.mil/dsaccess>
 - At a Veterans Affairs Regional Office after completing an in person proofing process
 - At a DoD ID card-issuing facility when obtaining a military ID card
- **Note:** For TRR, if enrolled in another TRICARE program, submit a TRR request within 90 days of the other TRICARE program ending to ensure continuous coverage.

TRICARE Retired Reserve Coverage

- Member-only or member-and-family TRR coverage may be purchased for:
 - Qualified Retired Reserve members
 - Their eligible family members
 - Survivors
- Survivors of TRR members may purchase or continue coverage until the date the deceased sponsor would have reached age 60.
- For more information, go to www.tricare.mil/retiring.



- TRR coverage may be purchased for:
 - Qualified Retired Reserve members
 - Their eligible family members
 - Survivors
- Survivors of TRR members may purchase or continue coverage until the date the deceased sponsor would have reached age 60.
- For more information, go to www.tricare.mil/lifeevents and click on “Turning age 60 (Retired Reserve).”

TRICARE Retired Reserve: Getting Care (continued)

- Locate a network or non-network TRICARE-authorized provider:
 - Go to www.tricare.mil/findaprovider or call your regional contractor.
 - Ask your provider's office if they accept TRICARE.
 - If not, invite the provider to become TRICARE-authorized.
 - Give your regional contractor's phone number to the provider or send him or her to www.tricare.mil/providers.

- Out-of-pocket costs are lower when seeing a TRICARE-network provider. A network provider has agreed to accept the contracted rate as payment in full for covered health care services and files claims for you. To find a network provider, visit www.tricare.mil/findaprovider or contact your regional contractor.
- If seeing a non-network provider, ask if he or she accepts TRICARE and is authorized to receive payment by TRICARE **before** receiving care. If not, invite the provider to become TRICARE-authorized at any time. The provider simply needs to contact the TRICARE regional contractor for more information. Beneficiaries who see non-network providers may have to file their own claims.
- If overseas, care may be received from any host nation provider or military hospital or clinic (if space is available) without a referral except in the Philippines, where you're encouraged to see a Philippine Preferred Provider Network provider for care.

TRICARE Retired Reserve Costs

For the most up-to-date cost information, visit www.tricare.mil/costs.

- Monthly premiums (per calendar year):
- Annual deductible
- Cost-shares apply for covered services and vary depending on the type of provider (network or non-network).
- Catastrophic cap per family per calendar year for covered medical services

Note: All ongoing monthly premium payments must be made by either automatic electronic funds transfer or automatic charge to a credit or debit card.

- Premiums for TRR are paid monthly. Go to www.tricare.mil/costs to see the premiums for the current calendar year.

Note: All ongoing TRR monthly premium payments must be made by either an automatic electronic funds transfer or automatic charge to a credit or debit card. Contact your regional contractor to set up automatic payments. Payments are due no later than the last day of each month and are applied to the following month's coverage. Do not miss payment due dates. Failure to pay may result in termination of TRR coverage and a 12-month lockout.

- The deductible is the amount you pay out of pocket per year before TRICARE cost-sharing begins.

Note: Since Group B retiree cost shares apply, TRR members have separate in-network deductible and out-of-network deductibles.

- You're responsible for cost-shares. These are the amounts you pay for TRICARE covered services, which vary if seeing a network or non-network provider.
- Non-network TRICARE providers can choose to accept TRICARE rates, or "participate" in TRICARE, on a claim-by-claim basis. Non-network nonparticipating providers can charge up to 15% above the TRICARE-allowable rate.
- The catastrophic cap is the maximum amount you pay out of pocket for TRICARE covered services per calendar year. The TRR cap includes deductibles, cost-shares and prescription copayments, but it does **not** include monthly TRR premiums or costs incurred by seeking care without prior authorization.
- For the most up-to-date TRR cost information, visit www.tricare.mil/costs.

TRICARE Young Adult

- Available to qualified unmarried dependents of TRR sponsors (under age 60) who are:
 - At least age 21, but not yet age 26
 - Not eligible to enroll in an employer-sponsored health plan
 - Not otherwise eligible for TRICARE program coverage
 - Not a uniformed service sponsor (for example, a member of the Selected Reserve)
- For TRICARE Young Adult qualification, cost and enrollment information, go to www.tricare.mil/tya.



- The TRICARE Young Adult, or TYA, program is a premium-based health care plan available for purchase by qualified unmarried dependents of TRR sponsors under age 60. TYA offers TRICARE Prime and TRICARE Select coverage worldwide, and eligibility is determined by the sponsor's status.
- TYA includes medical and pharmacy benefits, but excludes dental coverage.
- Adult children may qualify to purchase TYA coverage if they are all of the following:
 - An unmarried dependent of a TRICARE-eligible uniformed services sponsor
 - At least age 21, but not yet age 26
 - Not eligible to enroll in an employer-sponsored health plan based on their own employment status
 - Not otherwise eligible for TRICARE program coverage
 - Not a uniformed service sponsor (for example, a member of the Selected Reserve)
- TYA enrollees have Group B cost-shares regardless of when their sponsor joined the military.
- For TYA qualification, cost and enrollment information, go to www.tricare.mil/tya.

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- **Optional Presenter Comment:** We will now discuss TRICARE program options for retired National Guard and Reserve beneficiaries between the ages of 60 and 64.

Coverage Options Upon Turning Age 60

- Upon turning age 60 and collecting retirement pay, TRR members are disenrolled from TRR and may be eligible for other TRICARE programs as retirees, such as:
 - TRICARE Select or TRICARE Prime (if in a PSA), including the US Family Health Plan (USFHP)
 - TFL
- If you want to enroll in TRICARE Prime or TRICARE Select, **you must elect to enroll within 90 days of the day you turn 60.**
- If entitled to premium-free Medicare Part A at age 60 or older, Retired Reserve members must also have Medicare Part B to be TRICARE-eligible. Before age 65, beneficiaries have the option to use TRICARE Prime or TFL. At age 65, coverage transitions to TFL.

- Upon turning age 60 and collecting retirement pay, TRR members are disenrolled from TRR and may be eligible for other TRICARE programs as retirees, such as:
 - TRICARE Select
 - TRICARE Prime (if in a PSA), including the US Family Health Plan, or USFHP
 - TFL
- If you want to enroll in TRICARE Prime or TRICARE Select, you must elect to enroll within 90 days of the day you turn age 60 or during the annual fall TRICARE Open Season. Learn more about at www.tricare.mil/lifeevents and www.tricare.mil/openseason.
- If entitled to premium-free Medicare Part A at age 60 or older, Retired Reserve members must also have Medicare Part B to be TRICARE-eligible. Before age 65, these beneficiaries have the option to use TRICARE Prime or TFL. At age 65, coverage transitions to TFL.

Note: Retirees with Medicare coverage are not eligible to enroll in TRICARE Select.

Note: If a beneficiary isn't entitled to premium-free Medicare Part A, Medicare Part B is not needed to keep TRICARE. In this case, the beneficiary won't transition to TFL. If you aren't entitled to premium-free Medicare Part A when you turn 65 under your own Social Security number, or SSN, but your spouse is, you must file for benefits under your spouse's (this includes divorced or deceased spouses) SSN if he or she is 62 or older. Go to www.tricare.mil for more information.

TRICARE Select

- Enrollment is required.
- Yearly deductible and cost-shares apply.
 - Go to www.tricare.mil/costs.
- Save money by seeing a TRICARE-authorized network provider.
- Prior authorization is required for some services.
 - Check your regional contractor's website.
- For more information, go to www.tricare.mil/select



- Upon turning age 60 and collecting retirement pay, Retired Reserve members and their family members become eligible to enroll in TRICARE Select. This fee-for-service option allows beneficiaries to manage their own health care and have the freedom to seek care from any TRICARE-authorized provider they choose.
- Enrollment is required. There is a yearly deductible for outpatient services and cost-shares for most services.
- Referrals aren't required, but some services require prior authorization. Check your regional contractor's website or contact them with questions about a specific service.
- Save money by seeking care from a TRICARE-authorized network provider.
- For more information and costs, go to www.tricare.mil/select.

Getting Care: TRICARE Select

- Select any network or non-network TRICARE-authorized provider. You'll typically pay higher out-of-pocket costs for non-network providers.
- TRICARE network providers:
 - Accept TRICARE as the full payment for covered services
 - File claims for you
 - Offers copayments instead of cost-shares for most outpatient visits
- May access care at military hospitals and clinics if space is available
- If traveling or moving:
 - **Routine care:** Get care before traveling.
 - **Urgent care:** Call your Primary Care Manager (PCM) or regional contractor for assistance.
 - **Emergency care:** Call 911 or go to the closest emergency room.
 - **Seasonal moves:** Consider transferring enrollment.

- Select any network or non-network TRICARE-authorized provider. You'll typically pay higher out-of-pocket costs for non-network providers.
- TRICARE network providers:
 - Accept TRICARE as the full payment for covered services
 - File claims for you
 - Offers copayments instead of cost-shares for most outpatient visits
- Under TRICARE Select, beneficiaries may also seek care at military hospitals and clinics on a if space is available.

Note: Authorized providers who aren't part of the TRICARE network of civilian providers may charge beneficiaries enrolled in TRICARE Select up to 15% above the TRICARE-allowable charge for services. Beneficiaries are responsible for that additional 15% along with applicable deductible and cost-share amounts. Outside the U.S. and U.S. territories, which include American Samoa, Guam, the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands, there may be **no limit** to the amount that nonparticipating non-network providers can bill. Beneficiaries are responsible for paying any amount that exceeds the TRICARE-allowable charge in addition to the deductibles and cost-shares.

TRICARE Prime

- TRICARE Prime is available to beneficiaries living in Prime Service Areas (PSAs) in the U.S. and areas near military hospitals or clinics overseas.
- Annual enrollment is required.
- Assigned a PCM.
- Get PCM referral for civilian specialty care (otherwise, higher costs apply).
- If desired, you must elect to enroll within 90 days of the date the sponsor turns (or would have) turned age 60.
- For more information, go to www.tricare.mil/prime.

- TRICARE Prime is available to beneficiaries living in Prime Service Areas, or PSAs, in the U.S. and areas near military hospitals or clinics overseas. PSAs are areas near military hospitals or clinics and civilian provider offices where regional contractors have established TRICARE Prime networks.
- Annual enrollment is required.
- Beneficiaries are assigned a primary care manager, or PCM.
- To get civilian specialty care, get a referral from your PCM.
- If desired, you must elect to enroll in TRICARE Prime within 90 days of the date the sponsor turns (or would have) turned age 60. Otherwise, you're only eligible for care at military hospitals or clinics if space is available for the rest of the calendar year.
- For more information, go to www.tricare.mil/prime.

US Family Health Plan (USFHP)

USFHP Service Areas



- TRICARE Prime option
- Six service areas
- Must enroll
- May not get care at military hospitals or clinics or use military pharmacies

- The USFHP is a TRICARE Prime option available through networks of community-based not-for-profit health care systems in six areas of the U.S.
- USFHP provides comprehensive coverage, but it is important to note that beneficiaries enrolled in USFHP aren't eligible for any other TRICARE benefits, including pharmacy, dental, and military hospital or clinic care.
- USFHP is not available to ADSMs.
- Go to www.tricare.mil/usfhp or www.usfhp.com to find out if you're in a designated USFHP area or to enroll in USFHP.

Getting Care: TRICARE Prime

- Enroll with a:
 - Military hospital or clinic (space permitting)
 - Civilian TRICARE network provider within a PSA
 - Primary care health care provider in the USFHP, depending on your location and sponsor status
- If traveling or moving:
 - **Routine care:** Get care before traveling.
 - **Urgent care:** Call your PCM or regional contractor for assistance.
 - **Emergency care:** Call 911 or go to the closest emergency room.
 - **Seasonal moves:** Consider transferring enrollment.

- With TRICARE Prime, your PCM handles routine care and referrals. Select a PCM at a military hospital or clinic when space permits. ADSMs and their families have priority at military hospitals and clinics. If there is no space available, select a civilian network provider if living in a PSA. Beneficiaries are also eligible to enroll with a primary care health care provider in the USFHP, which will be discussed later.
- For civilian specialty care, get a PCM referral before seeking care to avoid higher out-of-pocket costs.
- If traveling or moving, coordinate care before leaving. Get routine care before traveling.
- A referral for urgent care visits for TRICARE Prime enrollees other than ADSMs is not required and point-of-service charges no longer apply for such claims. ADFMs enrolled in TOP Prime or TOP Prime Remote must contact the TOP contractor to obtain an authorization in order to ensure their urgent care visit will be cashless/claimless. Without this authorization, overseas providers may request payment upfront and the beneficiary will then have to submit a claim for reimbursement. Any ADSM enrolled in TOP Prime or TOP Prime Remote requiring urgent care while on temporary duty or on leave status in the 50 United States and the District of Columbia, may access urgent care without a referral or an authorization.
 - In an emergency, call 911 or go to the closest emergency room. Referrals aren't required, but, if admitted, your regional contractor must be notified within 24 hours or on the next business day to coordinate ongoing care.
- If you expect to be away for more than 60 days, consider transferring your enrollment to maintain routine care and keep your costs low.

TRICARE Prime Point-of-Service Option

- Point-of-service (POS) option:
 - Applies when nonemergency care is provided by a TRICARE-authorized provider without a PCM referral
 - Results in higher out-of-pocket costs
- TRICARE pays only if the provider is TRICARE-authorized and services are covered by TRICARE.
- Contact your PCM for a referral when seeking nonemergency care to avoid point-of-service charges.
- Point-of-service deductibles per calendar year: **\$300/individual;**
\$600/family
 - TRICARE pays 50% of the TRICARE-allowable charge.

- The POS option gives those using TRICARE Prime the freedom, at an additional cost, to get nonemergency health care services from any TRICARE-authorized provider without a referral. When using the POS option, a separate POS deductible must be met before TRICARE will pay anything for your care. POS cost-shares do not count toward the yearly TRICARE catastrophic cap.
- Using the POS option does not require you to disenroll from TRICARE Prime, but results in higher out-of-pocket costs.
- When using the POS option, you must see TRICARE-authorized providers and get TRICARE covered services or you'll be responsible for the full cost of your care.
- To avoid POS charges, contact your PCM for a referral when seeking nonemergency care.
- POS deductibles per calendar year are \$300 per individual and \$600 per family. After your deductible is met, TRICARE pays 50% of the TRICARE-allowable charge.
- Outside the U.S. and U.S. territories, there may be no limit to the amount that nonparticipating non-network providers may bill, and you're responsible for paying any amount that exceeds the TRICARE-allowable charge in addition to your deductible and cost-shares. You may be reimbursed up to the CHAMPUS Maximum Allowable Charge. For more information, go to www.tricare-overseas.com.

Note: The POS option doesn't apply to ADSMs.

- For more information about the POS option, go to www.tricare.mil/pointofservice.

Enroll in TRICARE Select or TRICARE Prime

- There are four ways to enroll:
 - **Online:** Enroll at <https://milconnect.dmdc.osd.mil>.
 - **By phone:** Call your regional contractor.
 - **By mail:** Download the TRICARE Select or TRICARE Prime form and submit it to your regional contractor. Forms are available at www.tricare.mil/forms.
 - **In person** (overseas only): Go to an overseas TRICARE Service Center.
- For enrollment fees, premium amounts and copayments, go to www.tricare.mil/costs.

Note: TRICARE Prime Remote coverage options aren't available after retirement.

- There are three ways to enroll:
 - **Online:** Enroll online through Beneficiary Web Enrollment. Log in to milConnect and click on the “Manage health benefits” button.
 - **By phone:** Call your regional contractor.
 - **By mail:** Download either the TRICARE Select or TRICARE Prime form and submit it to your regional contractor.
 - **In person:** Go to an overseas TRICARE Service Center.
- For enrollment fees, premium amounts and copayments, go to www.tricare.mil/costs.
- Enrollment forms may be downloaded from www.tricare.mil/forms or from your regional contractor's website.

Note: TRICARE Prime Remote coverage options aren't available after retirement.

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- **Optional Presenter Comment:** We will now discuss TRICARE program options for retired National Guard and Reserve beneficiaries age 65 and older.

Coverage Options Upon Becoming Medicare-Eligible

- To remain eligible for TRICARE, you must be entitled to Medicare Part A and have Medicare Part B.
 - Pay for and enroll in Medicare Part B
- Beneficiaries under age 65 who are entitled to Medicare Part A and have Part B may:
 - Enroll in TRICARE Prime (enrollment fee waived)
 - Be covered by TFL
- Retirees with Medicare coverage are generally not eligible to enroll in TRICARE Select.
- For Medicare Part B information, go to:
 - www.ssa.gov
 - www.medicare.gov

- An individual may become entitled to Medicare Part A benefits because of age or disability. If you're a member of the Retired Reserve and you or a family member is currently entitled to Medicare Part A:
 - Enroll in Medicare Part B to remain TRICARE-eligible and to avoid a lapse in TRICARE coverage.

Note: If you or a family member qualifies for Social Security disability benefits or is diagnosed with end-stage renal disease and you decline Medicare Part B coverage, you'll lose TRICARE eligibility.

- Medicare-eligible beneficiaries under age 65 who are entitled to Medicare Part A and have Part B:
 - May continue enrollment in TRICARE Prime. In this case, the yearly TRICARE Prime enrollment fee is waived. Retirees with Medicare coverage are generally not eligible to enroll in TRICARE Select.
 - May use TFL. We will discuss TFL on the next slide.
- For more information about Medicare Part B coverage, go to the Social Security Administration website at www.ssa.gov.
- You can find additional Medicare information at www.medicare.gov.

TRICARE For Life

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

- Beneficiaries entitled to Medicare Part A and who have Medicare Part B:
 - Are automatically covered under TFL. There are no enrollment actions required or enrollment fees.
 - Should get a new Uniformed Services ID card at age 65.
 - May get care from any Medicare-participating, nonparticipating or opt-out provider, or military hospital or clinic if space is available.
- For more information on TFL, go to www.tricare.mil/tfl or call **1-866-773-0404**.

- TFL is Medicare-wraparound coverage for TRICARE beneficiaries who have Medicare Part A and Medicare Part B, regardless of age or place of residence.
- Coverage is automatic and there are no enrollment fees. Medicare does not cover care received overseas, so TRICARE becomes the primary payer and you're responsible for the yearly TRICARE deductible and cost-shares. Beneficiaries should get a new Uniformed Services ID card once they turn age 65.
- TFL beneficiaries may get care from any Medicare-participating, nonparticipating or opt-out provider, or military hospital or clinic if space is available. While Medicare-nonparticipating providers may bill up to 115% above the Medicare-approved amount, TRICARE covers this additional cost for TRICARE covered services.
 - Department of Veterans Affairs, or VA, providers can't bill Medicare and Medicare can't pay for services received from the VA. If you're eligible for both TFL and VA benefits and elect to use your TFL benefit for non-service connected care, you'll incur significant out-of-pocket expenses when seeing a VA provider. By law, TRICARE can only pay up to 20% of the TRICARE-allowable amount. If you get care at a VA facility, you may be responsible for the remaining amount. When using your TFL benefit, your least expensive options are to see a Medicare participating or Medicare nonparticipating provider.
- Overseas, beneficiaries may get care from any purchased care sector provider, which is a TRICARE-authorized civilian provider in your overseas area. A referral is not needed, but prior authorization is required for certain services. Contact your TOP Regional Call Center for prior authorization. Beneficiaries may also get care at military hospitals and clinics if space is available.
- For more information on TFL, go to www.tricare.mil/tfl or call **1-866-773-0404**.

Today's AGENDA

- What Is TRICARE?
- TRICARE Program Options
 - Under Age 60
 - Ages 60–64
 - Age 65 and Older
- **Other Important Information**
- For Information and Assistance

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

TRICARE and Other Health Insurance

- Other health insurance (OHI) is considered your primary health insurance.
- For services covered by Medicare, OHI and TFL, Medicare pays first, your OHI pays second and TRICARE pays last.
- After your OHI pays, TRICARE will pay the lesser of:
 - The billed amount, minus the payment from your OHI
 - The amount TRICARE would have paid without OHI
 - The OHI copayment or deductible
- If you have OHI:
 - Fill out a *TRICARE Other Health Insurance Questionnaire*: www.tricare.mil/forms.
 - Follow the referral and authorization rules for your OHI.
 - Tell your provider about your OHI and TRICARE.

- Other health insurance, or OHI, is any non-TRICARE health benefit you get through an employer or other public or private insurance program, including government programs such as Medicare.
- If you have other health insurance, it is your primary insurance and TRICARE becomes your last payer.
 - This means when you go to your health care provider, the health care provider files a claim with your other health insurance first and TRICARE pays what is left, up to the TRICARE-allowable charge.

Note: This does not apply to Medicaid and certain other state programs.

- If your other health insurance runs out, or for services covered by TRICARE that are not covered by your other health insurance, TRICARE becomes your primary payer.

Note: Unlike other health insurance, supplemental insurance pays after TRICARE pays its portion of the bill, reimbursing you for out-of-pocket medical expenses paid to civilian providers based on the plan's policies.

- If you have other health insurance:
 - Fill out a *TRICARE Other Health Insurance Questionnaire* and follow the guidelines for submission. You can download your regional contractor's questionnaire from www.tricare.mil/forms.
 - Because your other health insurance pays first, you must follow the other health insurance's rules for getting care.
 - Make sure your provider knows you have other health insurance and TRICARE. Keeping your regional contractor and health care providers informed about your other health insurance will allow them to better coordinate your benefits.
- TRICARE referrals and prior authorizations are generally not required, with some exceptions.
 - Go to your regional contractor's website or contact them about prior authorization requirements.
- You must also report if you no longer have other health insurance.

Priority for Access to Military Hospitals and Clinics

1	ADSMs, including National Guard and Reserve members on active duty status for more than 30 days
2	ADFM's in a TRICARE Prime option
3	Retired service members, their dependents and all others in a TRICARE Prime option
4	ADFM's not in a TRICARE Prime option, and TRS members
5	Retired service members and their dependents not in a TRICARE Prime option, TRR members and all other eligible beneficiaries not in a TRICARE Prime option

- Military hospitals and clinics grant access to care on a space-available basis.
- ADSMs and National Guard and Reserve members who have been called or ordered to active duty for more than 30 days for a preplanned mission or in support of a contingency operation always have first priority for care.
- After that, the priority is based on beneficiary category and program option.
- ADFMs in TRICARE Prime will have second priority, and space is limited for family members covered by TRICARE Select.
- Retired service members and their family members not in a TRICARE Prime option, TRR members, and all other eligible beneficiaries not in a TRICARE Prime option are seen on a space-available basis and space can be very limited.

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

- 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, go to <https://militaryrx.express-scripts.com> or call **1-877-363-1303**.
- 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. Go to 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, go to <https://militaryrx.express-scripts.com> or call **1-877-363-1303**.
 - 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. Go to <https://militaryrx.express-scripts.com/find-pharmacy> 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, go to www.tricare.mil/pharmacy.

Pharmacy Benefits with Other Health Insurance

- Other health insurance is always the primary payer.
 - Use your other health insurance first, then submit claims to TRICARE.
- You may use TRICARE Pharmacy Home Delivery or TRICARE retail network pharmacies only if:
 - Your other health insurance does not cover your prescription.
 - You have reached your other health insurance's benefit cap.
- You may still use military pharmacies.

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

Voluntary Dental Coverage

The U.S. Office of Personnel Management offers eligible TRICARE beneficiaries the option to enroll in a **Federal Employees Dental and Vision Insurance Program (FEDVIP)** dental plan.

- FEDVIP offers a range of plans from a number of dental plans.
- FEDVIP dental coverage is available to:
 - Retired service members and their eligible family members
 - Certain retired National Guard and Reserve members and their family members.
 - Certain survivors
 - Medal of Honor recipients and their immediate family members or survivors.
- Former spouses and remarried surviving spouses don't qualify to purchase dental coverage.

For FEDVIP dental plans and enrollment information, visit www.benefeds.com

- The U.S. Office of Personnel Management offers eligible TRICARE beneficiaries the option to enroll in a Federal Employees Dental and Vision Insurance Program (FEDVIP) dental plan.
- FEDVIP offers a range of plans from a number of dental carriers.
- FEDVIP is available to:
 - Retired service members and their eligible family members
 - Certain retired National Guard and Reserve members and their family members.
 - Certain survivors
 - Medal of Honor recipients and their immediate family members or survivors.
- Former spouses and remarried surviving spouses don't qualify to purchase dental coverage.
- For FEDVIP eligibility, carrier, and enrollment information, visit www.benefeds.com.

Voluntary Vision Coverage

- 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 USFHP
 - TRICARE Select
 - TRS
 - TRR
 - TFL
- FEVIP vision coverage is available to:
 - Active duty family members
 - Retired service members and their eligible family members
 - National Guard and Reserve members and eligible family members

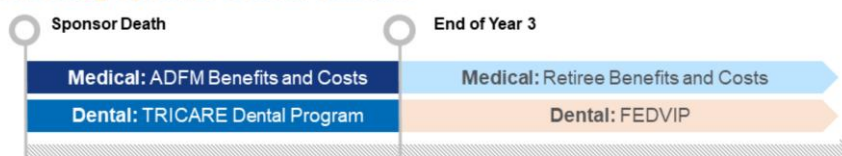
Visit www.benefeds.com for vision plan eligibility and enrollment information.

- 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
 - TRICARE Reserve Select
 - TRICARE Retired Reserve
 - TRICARE For Life
- Visit www.benefeds.com for eligibility, carrier, and enrollment information.

Survivor Benefits: Activated More Than 30 Days

If a National Guard or Reserve member dies while serving on federal active duty orders for more than 30 days, family members remain eligible as follows:

Surviving Spouses Benefit Timeline



Surviving Children Benefit Timeline



- TRICARE continues to provide benefits to eligible family members following the death of their sponsor as long as information in DEERS is up to date. The type of coverage and costs depend on the sponsor's military status at the time of his or her death.

Note: Surviving spouses remain eligible for survivor benefits unless they remarry and surviving children remain eligible until they age out, marry or otherwise lose their TRICARE eligibility. The FEHB exclusion does not apply.

- If a National Guard or Reserve member dies while serving on federal active duty orders for more than 30 days, family members remain eligible for TRICARE as transitional survivors for three years after the sponsor's death.
 - Transitional survivors have the same benefits, programs options and costs as ADFMs.
 - They are eligible for active duty-specific programs, such as the Extended Care Health Option.
 - They are also eligible for the TRICARE Dental Program, or TDP, Survivor Benefit. While transitional survivors are enrolled, the government pays 100% of the monthly premiums. Transitional survivors are still responsible for any applicable cost-shares.
- After three years, surviving spouses remain eligible for TRICARE as survivors and are responsible for cost-shares, copayments and/or a yearly deductible.
 - Survivors have the same benefits and costs as retiree family members. Since coverage changes to that of retiree family members, TRICARE program options and costs change (for example, survivors pay yearly enrollment fees, are responsible for cost-shares and copayments and are no longer eligible for TRICARE Prime Remote, as well as other active duty-specific programs).
 - They are eligible for FEDVIP.
- Coverage for surviving children does not change after three years.
 - Surviving children remain covered as ADFMs until they age out, marry or otherwise lose their TRICARE eligibility.
 - They are eligible for the TDP Survivor Benefit until they lose their TRICARE eligibility.
 - TYA enrollees of deceased ADSM pay retiree cost-shares.

Survivor Benefits: Activated 30 Days or Less

- If a National Guard or Reserve member dies while serving on federal active duty orders for a period of 30 days or less, family members remain eligible as survivors:
 - They have retiree benefits and costs.
 - They are eligible for the TDP Survivor Benefit.

- If a National Guard or Reserve member dies while serving on federal active duty orders for a period of 30 days or less, family members remain eligible as survivors.
 - Survivors have the same benefits, program options and costs as retiree family members.
 - They are eligible for the TDP Survivor Benefit.
 - Surviving spouses are eligible for the TDP Survivor Benefit for three years beginning on the date of the sponsor's death.
 - Children remain eligible for the TDP Survivor Benefit until they age out, marry or otherwise lose their TRICARE eligibility.
 - Survivors are not eligible for FEDVIP once the three-year period ends.

Note: The FEHB exclusion does not apply.

Survivor Benefits: Not Activated

- Family members of non-activated National Guard or Reserve members who had TRS or Transition Assistance Management Program (TAMP) coverage at the time of their death have the following options:
 - If TRS coverage was in effect, qualified survivors may purchase or continue coverage under TRS for up to six months from the date of their sponsor's death.
 - If TAMP coverage was in effect, eligible survivors remain covered until the end of the 180-day TAMP period.
 - Adult children can purchase TYA coverage until eligibility runs out.
- Survivors are eligible for the TDP Survivor Benefit throughout the duration of survivor coverage or until losing TRICARE eligibility, whichever comes first.

- Family members of non-activated National Guard or Reserve members who had TRS or Transition Assistance Management Program, or TAMP, coverage at the time of their death have the following options:
 - If TRS coverage was in effect, qualified survivors may purchase or continue coverage under TRS for up to six months from the date of their sponsor's death.
 - If TAMP coverage was in effect, eligible survivors remain covered until the end of the 180-day TAMP period.

Note: The FEHB exclusion does not apply.

- Survivors are eligible for the TDP Survivor Benefit throughout the duration of survivor coverage or until losing TRICARE eligibility, whichever comes first.

Survivor Benefits: Retired

Family members of Retired Reserve members who had TRR at the time of the sponsor's death:

- Surviving spouses remain qualified for TRR survivor coverage until the day the sponsor would have turned age 60, at which point they may become to enroll in TRICARE Select or TRICARE Prime (if available).
- Surviving children remain qualified for TRR until their sponsor would have reached age 60 or until aging out or otherwise losing TRICARE coverage, whichever comes first.
 - Adult children remain eligible to enroll in TRICARE Young Adult coverage until no longer eligible or qualified.
- Survivors may be eligible to purchase dental and vision coverage through FEDVIP.

- If you're a survivor of a Retired Reserve member who had TRR coverage at the time of his or her death, you may qualify for TRICARE survivor coverage.
- Surviving spouses remain qualified for TRR survivor coverage until the day the sponsor would have turned age 60, at which point they may enroll in TRICARE Select or TRICARE Prime (if available).
 - Coverage continues as long as DEERS information is up to date or until eligibility ends (for example, at the time the sponsor would have reached age 60 or earlier if a spouse remarries).
 - If you aren't enrolled in TRR at the time of your sponsor's death and you qualify, you may purchase TRR survivor coverage after your sponsor's death. Coverage may be purchased at any time after the sponsor's death, provided the sponsor would not have reached age 60 at the time of purchase.
- Surviving children are eligible for TRR until their sponsor would have reached age 60 or until they age out, marry or otherwise lose their TRICARE eligibility. Adult children remain eligible to enroll in TYA coverage until no longer eligible or qualified.

Note: The FEHB exclusion does not apply.

- Survivors may be eligible to purchase dental and vision coverage through FEDVIP. For more information, go to www.benefeds.com.

The Affordable Care Act

TRICARE meets the minimum essential coverage requirement under the Affordable Care Act (ACA).



Each tax year, you'll get an Internal Revenue Service (IRS) Form 1095 from your pay center. It will list your TRICARE coverage for each month.



Your Social Security number (SSN) and the SSNs of each of your covered family members should be included in DEERS for your TRICARE coverage to be reflected accurately.

- The Affordable Care Act, or ACA, requires most Americans to maintain basic health care coverage, called minimum essential coverage. TRICARE coverages meets the minimum essential coverage requirement under the ACA.
- 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.

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

Stateside Regional Contractors

- TRICARE East Region
Humana Military
1-800-444-5445
HumanaMilitary.com
www.tricare-east.com
- TRICARE West Region
Health Net Federal Services, LLC
1-844-866-WEST (1-844-866-9378)
www.tricare-west.com

Overseas Regional Contractor

- TRICARE Overseas Program (TOP)
International SOS Government Services,
Inc.
www.tricare-overseas.com/contact-us

More Resources

- TRICARE Website
www.tricare.mil
- 
- Publications
www.tricare.mil/publications
 - milConnect
<https://milconnect.dmdc.osd.mil>

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