OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND READINESS

The Honorable James M. Inhofe
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

DEC 12 2018

Dear Mr. Chairman:

Please find enclosed the final report in response to sections 712(a) and 748(a) of the National Defense Authorization Act for Fiscal Year 2017 (Public Law 114–328). Section 712(a) is titled "Continuity of Health Care Coverage for Reserve Components." Section 748(a) is titled "Assessment of Transition to TRICARE Program by Families of Reserve Components Called to Active Duty." The Department approved and licensed focus groups at Reserve Component drilling locations and a web-based survey to collect the original data necessary for the report.

In response to section 748(a), the survey found that families of only 2.05 percent of the Selected Reserve survey respondents had TRICARE Standard/Extra and had been refused either an appointment or visit by at least one of their usual providers because they were not accepting TRICARE. Although Standard and Extra feature choice of provider, TRICARE Prime programs do not; they require assignment of a primary care manager (usually at a military hospital or clinic) and require referrals directing enrollees to military or network specialists. Therefore, those family members under TRICARE Prime are unlikely to continue to receive care from providers they saw prior to their sponsor going on Active Duty. Unsurprisingly, there were six times more complaints coming from those with families in a TRICARE Prime program (11.65 percent) than those in TRICARE Standard/Extra (2.05 percent). In other relevant matters, the Department has no recommendation at this time about the TRICARE Reserve Select (TRS) provision that excludes Selected Reserve members from purchasing TRS coverage if they are eligible for, or enrolled in the Federal Employees Health Benefits (FEHB) program.

In response to section 712(a), the survey found that an overwhelming two-thirds majority (68.85 percent) preferred TRS rather than either a stipend/cash allowance (19.49 percent) or a FEHB-styled Department of Defense (DoD) program (11.66 percent). The preference for TRS rose to almost three-quarters (73.59 percent) among those members with families, while a strong three-fifths majority (59.53 percent) of those without families preferred TRS. Further, the Department finds it very challenging to design a viable cost-effective pilot to test the option of an FEHB-styled DoD program. Premiums under an FEHB model would be significantly higher than those under TRS for most plans. The added cost might be offset somewhat by greater choice, but many would still prefer the lower cost of TRS premiums. Calendar Year 2019 premium costs released in fall 2018 for both TRS and FEHB (unadjusted) show the maximum government contribution for FEHB self-coverage is 4½ times (4.53) DoD's cost for TRS

maximum government contribution for FEHB family coverage is double (2.03) DoD's cost for TRS member and family coverage.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families. A similar letter is being sent to the other congressional defense committees.

Sincerely,

James N. Stewart
Assistant Secretary of Defense for Manpower and Reserve Affairs, Performing the Duties of the Under Secretary of Defense for Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable Jack Reed
Ranking Member

OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

The Honorable William M. "Mac" Thornberry
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

DEC 12 2018

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James N. Stewart
Assistant Secretary of Defense for Manpower and Reserve Affairs, Performing the Duties of the Under Secretary of Defense for Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member

OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

The Honorable Richard C. Shelby
Chairman
Committee on Appropriations
United States Senate
Washington, DC 20510

DEC 12 2018

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James N. Stewart
Assistant Secretary of Defense for Manpower and Reserve Affairs, Performing the Duties of the Under Secretary of Defense for Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable Patrick J. Leahy
Vice Chairman

OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND READINESS

DEC 12 2018

The Honorable Rodney P. Frelinghuysen
Chairman
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

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James N. Stewart
Assistant Secretary of Defense for Manpower and Reserve Affairs, Performing the Duties of the Under Secretary of Defense for Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable Nita M. Lowey
Ranking Member

Report to Congressional Defense Committees

National Defense Authorization Act for Fiscal Year 2017 (Public Law 114-328)

Section 748(a)

Assessment of Transition to TRICARE Program by Families of Members of Reserve Components Called to Active Duty

Section 712(a)

Continuity of Health Care Coverage for Selected Reserve

The estimated cost of the report for the Department of Defense (DoD) is approximately $837,000 in Fiscal Years 2017 - 2018. This includes $615,000 in expenses and $222,000 in DoD labor. Generated on 2018Aug17 RefID: C-6B22490

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I. Summary and Conclusion

Congress asked the Department of Defense (DoD) for an assessment and report focusing on the difficulties families have experienced transitioning to Active Duty family member (ADFM) when their Reserve Component (RC) sponsor has been called or ordered to duty for greater than 30 days (section 748(a)).[1] The related section, section 712(a), seeks the preferences of members of the Selected Reserve for health coverage subsidized by the DoD.[2] Simply put, section 748(a) would inform Congress on the extent to which a problem might exist with continuity of care, and section 712(a) would address options that could help mitigate the problem, should a sufficiently extensive problem be identified. To be fully responsive to this line of inquiry, original research was required.

To produce the required assessment and report, the Defense Health Agency (DHA) sponsored a study with the Center for Naval Analyses (CNA), an independent, civilian-run, federally-funded research and development center (FFRDC). Since data was collected only from RC members, the DoD Washington Headquarters Service granted approval and issued the license (RCS#: DD-HA(OT)2660) on December 8, 2017, for the cross-sectional data collection. Had DoD collected data from former members and civilian health care providers, DoD would have had to obtain approval and licensure from the Office of Management and Budget since they would have been considered members of the public. That approval likely would have delayed data collection up to an additional year. CNA fielded a web-based survey (December 12, 2017, to February 12, 2018) of current Selected Reserve members (n = 3,839; response rate 6.56 percent) and convened discussion groups (28) at Selected Reserve drilling locations (11) with current Selected Reserve members (n = 165) between January 6, 2018, and February 24, 2018. CNA rescheduled two discussion groups at the last minute due to the government shutdown in January 2018 that cancelled drill that weekend.

Section 748(a) seeks insight into the challenges faced by families who wished to continue using their usual health care providers after their sponsoring Selected Reserve member had been activated (for more than 30 days). Of the web-based survey respondents, 83.8 percent said either none of their family members had been refused an appointment or visit with one of their usual providers because they were not accepting TRICARE (68.32 percent), or they did not know (15.47 percent). While 16.20 percent of the survey respondents reported that a family member had experienced at least one refusal, the story is revealed in the breakdown by type of TRICARE coverage shown in Table 9 (question 15, *Appendix C – Survey Instrument*, p. 110). It is likely that anyone who felt they had to change a provider would have selected "refusal" to question 15.

Most importantly, 2.05 percent of the Selected Reserve member respondents reported that their family was covered by TRICARE Standard/ Extra and had experienced at least one instance when one of their usual providers refused them an appointment or visit because they were not accepting TRICARE. It is reasonable to hope for continuity of care with TRICARE Standard/Extra. These two options feature choice of provider whether it is free space-available care delivered at a Military Treatment Facility (MTF) or care purchased from TRICARE-

[1] §748(a) of the National Defense Authorization Act for Fiscal Year 2017 enacted December 23, 2016, as Pub. L. No. 114–328.

[2] NDAA for FY17.

authorized providers, network or non-network, with cost-sharing required. (See Section IV.A, *Extent to which Families Need to Change Providers*, p. 32, for detailed results and commentary including Table 9.)

In contrast, 11.65 percent reported their family had to change at least one provider while enrolled either in TRICARE Prime (6.92 percent) or TRICARE Prime Remote for ADFM (TPRADFM; 4.73 percent). TRICARE Prime does not feature choice of provider. It requires assignment to a primary care manager (PCM), usually at an MTF, and requires referrals for specialty care with MTFs retaining right of first refusal (ROFR). Families of Service members on active duty greater than 30 days (active or reserve) are attracted to the free care that TRICARE Prime offers: free civilian care (except pharmacy) and priority access to free MTF care and pharmacy. Therefore, they enroll but may not have fully appreciated that they were giving up choice of provider in the tradeoff.

> What this means is that those in TRICARE Prime should not expect continuity of care with their usual or familiar provider.
>
> Yet almost six times more complaints about needing to change providers come from those in a TRICARE Prime program (11.65 percent) than those under TRICARE Standard/Extra (2.05 percent).

Of survey respondents, 78.21 percent reported that their family members did not miss key appointments or have delays in getting medical care, tests, treatments, or prescriptions during activations because a particular provider did not accept TRICARE. However, 11.83 percent did report missed or delayed care for this reason. Of that 11.83 percent, a higher percentage was covered by a TRICARE Prime program (7.90 percent), than by TRICARE Standard/Extra (1.42 percent) (See Table 11).

While CNA did not collect data from providers, the survey revealed that nearly all family members of the responding Selected Reserve members had a regular source of care (91.98 percent). Some Selected Reserve members who were insured under the Federal Employees Health Benefits (FEHB) program or other health insurance (OHI) chose to continue their existing coverage during their activation (42.99 percent).[3] The overwhelming majority (74.10 percent) of these respondents preferred using their OHI because at least one of their preferred providers reportedly did not accept TRICARE. Of the families that had a usual doctor, clinic, or other usual place of care, 88.36 percent went to family medicine/general practice, 14.32 percent to internal medicine, 37.62 percent to pediatrics, 25.02 percent to obstetrics/gynecology, and 5.34 percent to another specialty.

To the extent that family members did encounter difficulties, they tended to be associated with a change in health care claims administration, health care authorizations, or other administrative matters when transitioning to health care benefits under the TRICARE Program.

[3] Many are unaware that FEHB coverage may continue for up to 24 months while a federal employee is absent for military duty, and, if the member is called or ordered to active duty in support of a contingency operation, FEHB law gives agencies the authority to pay the employee share of FEHB premiums. www.opm.gov/healthcare-insurance/healthcare/eligibility/#url=Reservists

Among recently activated survey respondents who had family members and switched from a non-TRICARE health plan to the TRICARE program, 22 percent reported claims processing issues during activations.

TRICARE eligibility is one issue common to families of Service members transitioning on and off active duty that the data collection brought to the forefront. The medical community provides health care and coverage according to eligibility displayed in the Defense Enrollment Eligibility Reporting System (DEERS), the official system of record for TRICARE eligibility. TRICARE eligibility in DEERS rests upon action by Service personnel officials. Gaining premium-free TRICARE associated with activation is passive and automatic to the member and to family members registered and eligible in DEERS, as long as the personnel community properly establishes eligibility and transmits the necessary electronic transactions to DEERS in a timely manner.

Any problem with TRICARE eligibility is a strong dissatisfier. If eligibility issues occur, RC sponsors and family members logically reach out to TRICARE for customer service—only to be redirected to the personnel community, which has sole authority over eligibility. RC sponsors and their families logically perceive this as a "run-around" by the medical community. It is counter-intuitive to members that the medical/TRICARE community could not help them; personnel officials alone have the authority to resolve eligibility issues.

Survey respondents and focus group participants expressed strong feelings of discontent with the law that disqualifies Selected Reserve members from purchasing TRICARE Reserve Select (TRS) coverage for themselves or family members if they are eligible for, or enrolled in, the FEHB program.[4] They would like Congress to repeal the FEHB exclusion and DoD fully supports its repeal. It is estimated that DoD could save $266M in Fiscal Year (FY) 2020 – FY24 due to lower DoD contributions to TRS for federally employed RC members. As many as 12 percent of Selected Reservists are FEHB eligible and the majority of those are employed by DoD. The government's cost for a TRS plan is far lower than the government cost for an FEHB plan. DoD could absorb the TRS costs for non-DoD federal employees and still realize a net overall DoD savings even though the Defense Health Program (DHP) budget would increase.

Selected Reserve members were also frustrated when they discovered that re-enrollment into TRS after their return to active duty was not automatic/passive. Although they were generally satisfied with TRICARE, many indicated that they did not understand that enrollment would require personal action on their part. Many RC members and their families have a TRICARE knowledge deficit when it comes to actually enrolling in TRS and using their enrolled TRICARE Select benefit. Paradoxically, extended TRICARE coverage under the Transitional Assistance Management Program (TAMP) contributes to challenges since it delays the need to arrange for ongoing health care coverage, including TRS if desired, until 180 days after release from active duty.

There is one recommendation to review the amount of the initial payment for members returning to TRS after an activation; however, automatic re-enrollment is not recommended. Selected Reserve members will still need to exercise their freedom to purchase TRS after being

[4] Title 10, United States Code, Section 1076d, paragraph (a)(2), (10 U.S.C. 1076d(a)(1)).

deactivated and will need to certify that they still qualify for TRS as long as the FEHB exclusion remains in place. As a practical matter, they will still need to arrange with the servicing TRICARE contractor to collect premium payments from their specified account of choice.

Section 712(a) seeks insight into options for financial assistance with health care coverage Selected Reserve members may prefer when not activated (See Section V, *§712(a) – Continuity of Health Care Coverage for Selected Reserve When Not Activated*, p. 56, for detailed results and commentary, including Table 13).

> An overwhelming two-thirds (68.85 percent) majority of Selected Reserve respondents want TRS to continue being offered (despite any of their misgivings about the program) rather than a cash allowance linked to drill pay (19.49 percent) or an FEHB-styled DoD program (11.66 percent).
>
> Figure 8 (p. 58) shows the preference for TRS rose to almost three-quarters among those with families (73.59 percent). Still, a strong three-fifths majority of those without families (59.53 percent) preferred TRS.
>
> It is interesting that those without eligible family members were more likely to prefer the cash option (35.92 percent) than those with families (13.49 percent).

Selected Reserve survey respondents and focus group participants want the following changes:

- System improvements that would help ensure seamless transitions between the health care coverage they use when not activated for more than 30 days and TRS. RC members would like the transitions to occur automatically and with more communication and notifications to members and their family members about the process.

- More choice in providers (especially specialty providers) and would like their family members to continue seeing their preferred providers and receive care when needed.

- Additionally, those with Federal jobs would like TRS as a health coverage option, i.e. legislative repeal of the TRS FEHB exclusion.

This report thoroughly examines and discusses the problems with these expectations. The report ends with a discussion of the impact that the new affirmative enrollment requirement for both TRICARE Select and TRICARE Prime will have on the RCs.

II. Introduction

Section 748(a) of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2017 (Public Law 114–328) seeks insight into the challenges faced by families who wish to continue using their usual health care providers after their sponsoring member of the Selected Reserve is activated.[5] Section 712(a), which is related to §748(a), seeks the preferences of members of the Selected Reserve for health coverage subsidized by the DoD. Simply put, §748(a) would inform Congress on the extent to which a problem might exist, and §712(a) would address options that could help prevent the problem, should a sufficiently extensive problem be established.

Following this introduction, the third section discusses the study's background and design. Section IV, §*748(a) – Family Transition to TRICARE upon RC Sponsor's Activation*, p. 31, of this report responds to section748(a) of the NDAA for FY17, and Section V, *§712(a) – Continuity of Health Care Coverage for Selected Reserve When Not Activated*, p. 56, of this report responds to section 712(a). The results are synthesized into the conclusion and presented up front in Section I, along with the summary.

Below, we present the study elements required by section 748(a) and section 712(a).

Reported under Section IV of this report, section748(a) requires DoD to:

> … assess the extent to which families of members of the reserve components of the Armed Forces serving on active duty pursuant to a call or order to active duty for a period of more than 30 days experience difficulties in transitioning from health care arrangements relied upon when the member is not in such an active duty status to health care benefits under the TRICARE program.

In particular, Section IV of this report addresses the following elements as specified by Congress:

> (A) The extent to which family members of members of the reserve components of the Armed Forces are required to change health care providers when they become eligible for health care benefits under the TRICARE program.
>
> (B) The extent to which health care providers in the private sector with whom such family members have established relationships will not be covered under the TRICARE program are providers who:
>
> i. are in a preferred provider network under the TRICARE program;
>
> ii. are participating providers under the TRICARE program; or
>
> iii. will agree to treat covered beneficiaries at a rate not to exceed 115 percent of the maximum allowable charge under the TRICARE program.

[5] NDAA for FY17 enacted December 23, 2016, as Pub. L. No. 114–328.

(C) The extent to which such family members encounter difficulties associated with a change in health care claims administration, health care authorizations, or other administrative matters when transitioning to health care benefits under the TRICARE Program.

(D) Any particular reasons for, or circumstances that explain, the conditions described in subparagraphs (A), (B), and (C).

(E) The effects of the conditions described in subparagraphs (A), (B), and (C) on the health care experience of such family members.

(F) Recommendations for changes in policies and procedures under the TRICARE program, or other administrative action by the Secretary, to remedy or mitigate difficulties faced by such family members in transitioning to health care benefits under the TRICARE program.

(G) Recommendations for legislative action to remedy or mitigate such difficulties.

(H) Such other matters as the Secretary determines relevant to the assessment.

Reported under Section V of this report, section 712(a) requires DoD to:

Conduct a study of options for providing health care coverage that improves the continuity of health care provided to current and former members of the Selected Reserve of the Ready Reserve who are not:

(A) serving on Active Duty;

(B) eligible for the Transitional Assistance Management Program under section 1145 of Title 10, U.S.C.; or

(C) eligible for the Federal Employees Health Benefit [FEHB] program.

In particular, Section V of this report addresses the following elements as specified by Congress:

(A) Whether to allow current and former members of the Selected Reserve to participate in the FEHB program.

(B) Whether to pay a stipend to current and former members to continue coverage in a health plan obtained by the member.

(C) Whether to allow current and [certain] former members to participate in the TRICARE program under section 1076d of Title 10, U.S.C.[6, 7]

(D) Whether to amend section 1076f of Title 10, U.S.C., as added by section 711, to require the extension of TRICARE program coverage for members of the National Guard assigned to Homeland Response Force Units mobilized for a State emergency pursuant to chapter 9 of Title 32, U.S.C.

(E) The findings and recommendations under section 748.

[6] 10 U.S.C. 1076d, as amended by §701 of the NDAA for FY13 enacted January 2, 2013, as Pub. L. No. 112-239.

[7] 10 U.S.C. 1076d was implemented under Title 32, Code of Federal Regulations (C.F.R.) as TRICARE Reserve Select.

(F) Any other options for providing health care coverage to current and former members of the Selected Reserve the Secretary considers appropriate.

III. Background and Study Design

DHA contracted with the FFRDC, CNA, through the Office of Naval Research (ONR), to conduct the study needed to develop this report. This study will help Congress understand the unique problems RC members face, especially during the transition periods in the course of activation greater than 30 days. Discussion groups, surveys, and data analysis will lead to a better understanding of potential solutions to the actual problems encountered by RC members and their families.

A. Background

Providing health care benefits to RC members and their families has been the subject of intense discussion both within DoD and within Congress. Issues surrounding these discussions include:

- RC member medical readiness – Members who have medical issues can adversely affect the readiness of members or units to perform their mission. Improving access to timely and affordable medical care might mitigate this risk.

- Recruitment and retention – Premium-free health plan coverage (MTFs and TRICARE) has been widely accepted as one of the major benefits that attracts and retains active duty personnel. Likewise, health plan coverage can be a benefit that helps DoD meet the personnel requirements for the RCs. Invariably, issues of equity arise when comparing and contrasting health benefits for active component personnel and RC members.

- Continuity of care – During activations (greater than 30 days), it is not uncommon for RC members to be disenrolled from their civilian health insurance. While they gain premium-free TRICARE coverage for themselves and their eligible family members, some of their family's usual providers might not accept TRICARE. RC families with chronic or complex health care needs might experience difficulty with continuity of health care providers.

- Access to care – access to TRICARE network providers is strongest near military bases, but many RC members live in locations distant from military bases.[8]

[8] Surprising to many, 68.5 percent of Selected Reserve members and their families still lived in a PSA as of September 30, 2016, compared to 95.7 percent of active duty and family members. More than half of Selected Reserve members and their families (54.5 percent) resided near a clinic or inpatient MTF, compared to 93.0 percent of Active Duty Service members and their family members.

DHA (2018, February). Evaluation of the TRICARE Program: Fiscal Year 2018 Report to Congress: Access, Cost, and Quality Data through Fiscal Year 2017. p. 146. Washington, DC: Author. Retrieved from https://www.health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Health-Care-Program-Evaluation/Annual-Evaluation-of-the-TRICARE-Program
OPA, 2017, p. 626, 658, 844, 846, 934.

- Readiness of DoD medical forces – During activations (greater than 30 days), RC members and their families have access to MTFs. As a result, their treatment provides more opportunities for DoD medical personnel to keep their skills current.

- Cost – The cost of expanding health benefits for RC members could impact other programs within DoD.

DoD offers a continuum of coverage for RC members and their families by law as described in Table 1 below.

Table 1 – RC Continuum of Coverage

Health Coverage	**Not on Active Duty**	**On Active Duty**	**De-activation**	**Not on Active Duty**
TRS family	TRICARE Select [a] for active duty family member	Full Active Duty TRICARE coverage (including Prime)	TAMP or TRICARE Select [a] for active duty family member	TRICARE Select [a] for active duty family member
Non-TRS family	Other health insurance	Full Active Duty TRICARE coverage (including Prime)	TAMP or CHCBP or other health insurance	Other health insurance
Currently in effect for Federal Employees Health Benefits (FEHB) program				
FEHB at family premium rates	FEHB family plan	FEHB family plan[b] TRICARE secondary	FEHB family plan and, if TAMP, TRICARE is secondary	FEHB family plan

Note: CHCBP – Continued Health Care Benefits Program.
a. TRICARE Select replaced TRICARE Extra and TRICARE Standard effective January 1, 2018.[9]
b. FEHB law authorizes Service members enrolled in the FEHB program to continue their FEHB family coverage for 24 months when absent for military duty. For RC members mobilized in support of a contingency operation, their federal agency is authorized to pay the employee's share of the premium. For RC members mobilized other than in support of a contingency operation, the member is responsible for paying the employee's share for the first year, then for paying both the employer's and employee's share plus an additional 2 percent administration fee for the second year.[10]

1. TRICARE Reserve Select

TRS, which started in 2005, is the premium-based TRICARE health plan that is available for purchase worldwide by qualified Selected Reserve members to cover themselves and their families. TRS offers a comprehensive health benefit with low out-of-pocket costs and a low catastrophic cap welcomed by many Selected Reserve members and their families. Effective

[9] Section 701 of the NDAA for FY17 added the new section, Title 10 U.S.C. 1075.
[10] http://www.opm.gov/healthcare-insurance/healthcare/eligibility/#url=Reservists
https://www.opm.gov/healthcare-insurance/life-events/job/im-called-up-toreturning-from-military-active-duty/

October 1, 2007, Selected Reserve members may qualify to purchase and maintain TRS coverage if they are:

(a) neither eligible for, nor enrolled in, the FEHB program; and
(b) not sponsors for premium-free TRICARE (i.e., early eligibility TRICARE, active service greater than 30 days, or TAMP).

TRS members pay monthly premiums representing 28 percent of the total premium cost by law ($46.09 for TRS member-only plans and $221.38 for TRS member and family plans in calendar year 2018).[11] Table 2 shows the trend in monthly TRS premium rates since 2012.

Table 2 – TRS Monthly Premium Trend

Type of Coverage	Monthly Premium Rate						
	2018	2017	2016	2015	2014	2013	2012
TRS member only	$ 46.09	$ 47.82	$ 47.90	$ 50.75	$ 51.68	$ 51.62	$ 54.35
TRS member & family	$ 221.38	$ 217.51	$210.83	$ 205.62	$ 204.29	$ 195.89	$ 192.89

Source – A cumulative list of TRS premium rates is maintained in the TRICARE Operations Manual 6010.59-M, April 1, 2015, Chapter 22, Addendum A. Current year rates are also posted on the TRICARE website at: www.tricare.mil/Costs/HealthPlanCosts/TRS

DoD's share (72 percent) of the 2018 TRS monthly premium cost is $118.52 for TRS member-only coverage and $569.26 for TRS member and family coverage. TRS, by law, offered TRICARE Standard and Extra coverage cost-sharing at the ADFM rate as well as MTF care on a space available basis until 2018.[12] Effective January 1, 2018, the TRICARE Standard and Extra cost-sharing structure was replaced by TRICARE Select cost-sharing at the ADFM rate. The TRICARE Select grandfather feature does not apply to TRS.

Recent TRS enrollment is shown in Table 3, and the enrollment trend over time is shown in Figure 1 with a 12-month moving average trend line. While enrollment increased in a linear fashion from 2008 through summer 2013, a seasonal pattern of enrollment growth emerged that moderated in winter and spring, decreased in summer, and rebounded to new heights in the fall. Corresponding with the January 2014 implementation of the Affordable Care Act individual mandate, TRS enrollment showed increased growth beginning in summer 2014. A long-anticipated flattening of the overall TRS enrollment curve began around summer 2015.

[11] www.tricare.mil/Costs/HealthPlanCosts/TRS

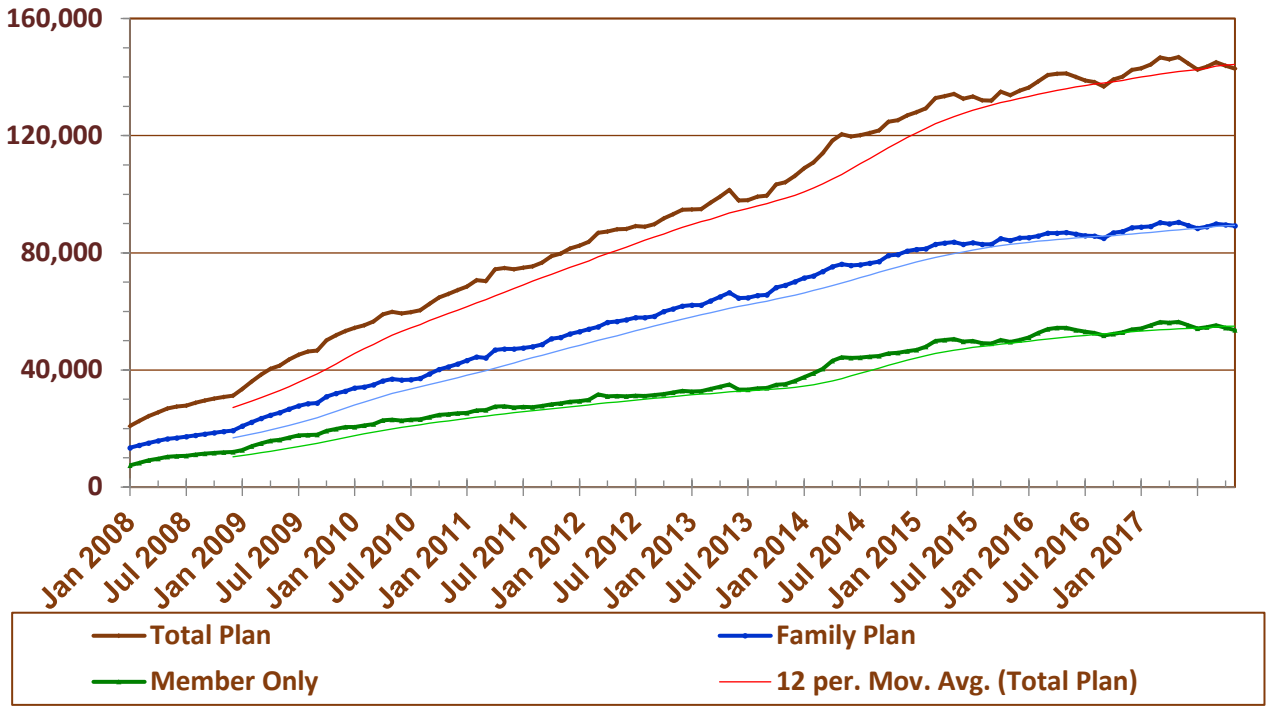
[12] TRICARE Standard/Extra coverage for TRS shifted to TRICARE Select coverage in fulfillment of §701 of the NDAA for FY17. The grandfather provision does not apply to TRS.

Table 3 – 2017 TRS Enrollment

Total TRS Plans	**142,927**
TRS member and family plans	89,274
TRS member-only plans	53,653
TRS Covered Lives	**382,346**

Source: Defense Manpower Data Center (DMDC)/ DEERS Medical Policy Report as of November 2017

Figure 1 – TRS Enrollment Trend



Source: DMDC/DEERS Medical Policy Report as of November 2017

Two reports from the Government Accountability Office (GAO) revealed a take rate of nearly 20 percent by Selected Reserve members who could qualify to purchase coverage.[13] (For the denominator, GAO reduced the Selected Reserve population by the number of Selected Reserve members who could not qualify to purchase TRS coverage.) More recent data from DHA's 2017 TRICARE evaluation (using GAO's take-rate methodology), indicated the TRS take rate had stabilized at nearly 26 percent by 2014.[14] On the 2016, *DoD Status of Forces Survey – Reserve Component* (SOFS-RC) administered by the DoD Office of People Analytics,

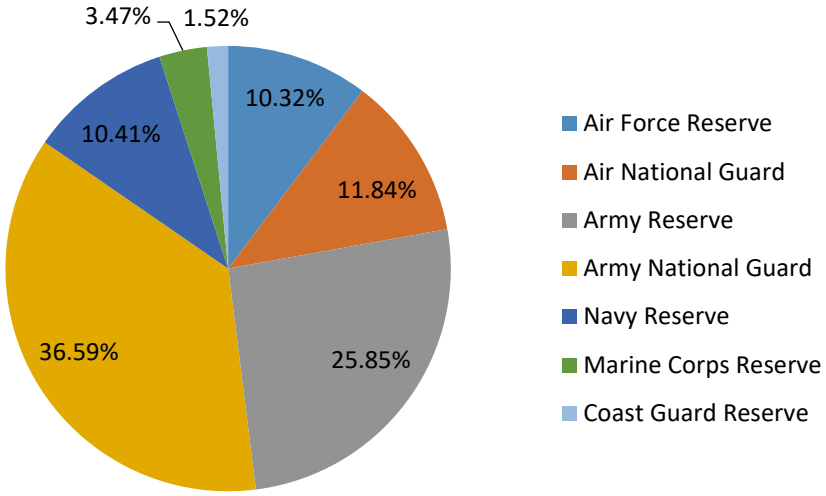
[13] GAO, 2007, p. 12; GAO, 2010, p. 8; GAO, 2011, p. 11; TRICARE Issue Brief 2007, p. 1.

[14] DHA (2017, May). Evaluation of the TRICARE Program: Fiscal Year 2017 Report to Congress: Access, Cost, and Quality Data through Fiscal Year 2016. Washington, DC: Author. Retrieved from https://www.health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Health-Care-Program-Evaluation/Annual-Evaluation-of-the-TRICARE-Program

Surveys, and Statistics Center (OPA), 36 percent of respondents reported current enrollment in TRS, and 44 percent reported that their spouse or other family members had participated in TRS in the past 24 months.[15]

As of November 2017, TRS covered 239,419 family member lives through 89,274 family plans. Figure 2 shows the percentage of family plans covered under TRS in each RC, and Figure 3 shows the percentage of family member lives covered under those plans in each RC.

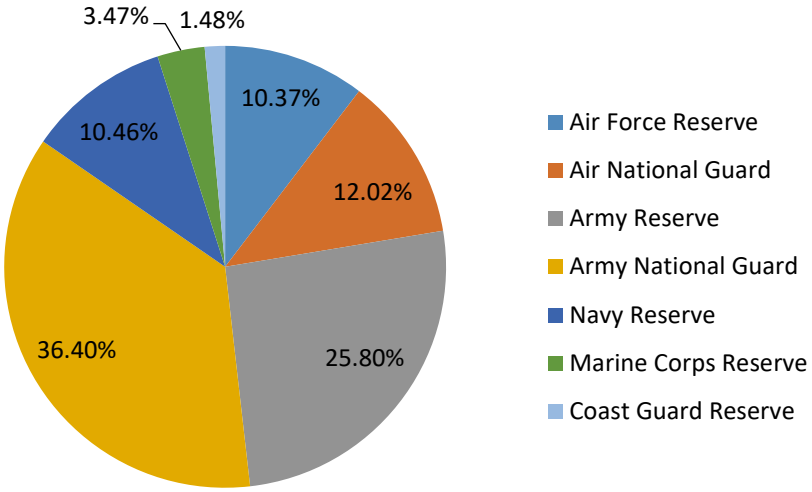
Figure 2 – TRS Family Plan Enrollment Distribution, by RC



Source: DMDC/DEERS Medical Policy Report as of November 2017

[15] OPA, 2017, p. 626, 658, 844, 846, 934.

Figure 3 – TRS Family Member Enrollment Distribution, by RC



Source: DMDC/DEERS Medical Policy Report as of November 2017

Reasons for not participating in TRS involved ineligibility, affordability, and awareness and understanding.[16] The most commonly cited reason reported on DoD surveys was the preference to maintain civilian coverage (see Table 4).

[16] TRICARE Issue Brief, 2007, p. 1;
GAO, 2007, p. 12;
GAO, 2011, p. 11.

Table 4 – Reasons RC Member and Spouse May Prefer to Have Civilian Coverage

RC members	Source: 2016 SOFS-RC, OPA, 2017, p. 936.
32%	Prefer other available health plan
32%	"Other" reasons
30%	Not eligible for TRS (e.g., were eligible for TAMP instead)
25%	TRS premium costs too expensive
18%	TRS cost share too expensive
16%	Lack of available providers
4%	Prefer to be uninsured
Spouses	Source: 2006 *Survey of Reserve Component Spouses*)[17, 18]
68%	Prefer civilian health care plan services
34%	Comfortable with doctor or dentist outside TRICARE
20%	Lack of availability of TRICARE medical/dental specialists
19%	Complexity of TRICARE process
19%	Distance to TRICARE provider
16%	Providers were not accepting TRICARE
13%	Problems with TRICARE administration
18%	Other reasons

2. Overall Satisfaction with TRICARE

Surveys of RC members and their spouses show satisfaction with the TRICARE program in general, and TRS in particular. A 2007 GAO study based on interviews with RC members and DoD survey data reported that over half of the RC members who used TRICARE were satisfied with it, and that 70 percent thought TRICARE was equal to or better than their civilian health insurance.[19]

The 2012 SOFS-RC did not focus specifically on health care benefits, but RC members' responses to questions about concerns during and after activation/deployment indicated that health care and/or benefits were NOT the primary concern. For instance:

- *Concerns while activated:* "Health care coverage for your family" ranked ninth on a list of nine concerns, with only 2 percent rating this issue as their biggest concern. This choice was not selected by 84 percent of respondents.

- *Concerns about returning from activation/deployment*: Of 12 concerns listed, "health care coverage for your family" was tenth on the list, ranked by only 3 percent as their biggest concern, and not selected by 89 percent of respondents.

[17] The more recent 2014 spouse survey did not include a question about reasons for not using TRS.

[18] DMDC, 2007, p. 107-108.

[19] GAO, 2007, p. 22.

- *Spouse's problems during deployment*: Health care benefit was not on the list of problems.

- *Program most in need of improvement*: Health care was slightly more prominent in response to this question, identified by 11 percent of respondents, trailing pay (18 percent), retirement system (14 percent), and opportunities for training (14 percent).[20]

DoD's 2006 Survey of RC Spouses indicated general satisfaction among spouses who used TRICARE:

75 percent	Satisfied with provider care
65 percent	Satisfied with customer service
60 percent	Satisfied with claims processing[21]

Responses to the 2014 *Survey of RC Spouses* indicated that the majority saw no difference overall between TRICARE and civilian plans. Among those responding differently, larger percentages said TRICARE was better overall than civilian plans (Table 21).[22]

Table 5 – Comparison of TRICARE and Civilian Plans Overall

Reserve Component		Civilian better or much better	No difference	TRICARE better or much better
Air Force Reserve	USAFR	25%	49%	25%
Air National Guard	ANG	22%	51%	26%
Army Reserve	USAR	18%	48%	33%
Army National Guard	ARNG	20%	46%	34%
Marine Corps Reserve	USMCR	21%	45%	34%
Navy Reserve	USNR	23%	45%	32%
TOTAL DoD		**21%**	**48%**	**32%**

Note: Coast Guard was not included in the 2014 DoD Survey

A 2016 Reserve Officers Association (ROA) TRS survey also reported general satisfaction with TRS. In a 2016 statement to the Senate Armed Services Committee, ROA reported that RC members were generally complimentary when asked about the quality of TRS. Approximately 65 percent Selected Reserve members rated health care through TRS good, very

[20] Williams, K. (2013, January 31). June 2012 Status of Forces Survey of Reserve Component Members: Executive Briefing [PowerPoint presentation]. Retrieved from: https://www.jssmobile.org/Files/DiscoverCommunitySolutions/2012-Status-of-the-Forces-Survey-of-Reserve-Component-Members-(31-Jan-2013).pdf

[21] DMDC, 2007, p. 112-113.

[22] DMDC (2016, July). *2014 Survey of Reserve Component Spouses: Tabulation of Responses.* DMDC Report No. 2015-106. Arlington, VA: DMDC.

good, or excellent; about 21 percent rated TRS health care satisfactory. The remaining 14 percent was spread across the ratings of poor, very poor, and awful.[23]

DoD found from ongoing Congressionally-mandated surveys of Military Health System (MHS) TRICARE Standard beneficiary access to civilian providers that RC family members give their TRICARE health care experience ratings similar to, or higher than those given by active duty family members.[24] Specifically, since 2008, these surveys have found RC family members rate their experience with TRICARE as a health plan higher than Active Duty family members have. They report their experience with TRICARE similar to their Active Duty counterparts with regard to health care, personal doctors, specialists, and access to providers (in terms of getting needed care; getting care quickly; seeing primary, specialty, and behavioral health providers; getting timely appointments; and receiving urgent care). The one exception is their lower rating for travel time to see a specialist.

Also, with one exception, RC member ratings of TRICARE are no different from those of their RC counterparts who rely on health care insurance that is not TRICARE. That is, RC members using TRICARE rate their experience the same as their non-TRICARE counterparts using other health insurance, in terms of global ratings of their health plan, health care, personal doctor, and specialist. These two groups also similarly rate their access to health care, in terms of getting needed care, getting care quickly, access to behavioral health or specialty providers, timely appointments, urgent care, and travel time to specialists. The one difference was that RC users of TRICARE reported that their access to personal doctors was lower than that of their counterparts using other health insurance.

3. Challenges with TRICARE

a. Finding Providers

Several sources noted challenges in finding providers who accept TRICARE coverage.[25] Providers' reluctance to accept TRICARE has been attributed to low reimbursement rates, claim filing requirements, and length of time to be reimbursed.[26] The 2015 Military Compensation and

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[23] ROA (2016, March 8). "Statement for the Senate Armed Services Committee, Subcommittee on Personnel." Hearing on Fiscal year 2017 Department of Defense Personnel Programs. Washington, DC: Author. Retrieved from http://c.ymcdn.com/sites/www.roa.org/resource/resmgr/Files/Testimony/Statement-SASC-PostureHearin.pdf

[24] DoD complied with Congressional mandates to survey non-Prime enrolled MHS beneficiary access to civilian providers since 2005. These surveys included family members of activated Reservists who were eligible to use TRICARE Standard and Extra, including sponsors and family members enrolled in TRICARE Reserve Select.

The most recent multi-year survey (2012-2015) complied with the requirements of §721, NDAA for FY12, enacted December 31, 2011, as Pub. L. No. 112-81. This four-year survey followed a previous 4-year survey completed from 2008-2011 (responding to §711, NDAA for FY08 enacted January 28, 2008, as Pub. L. No. 110-181).

[25] GAO, 2007, p. 25; GAO, 2010; p. 18-19; GAO, Defense Health Care (2013, April). *TRICARE multiyear surveys* survey completed from 2008-2011 (responding to §711, NDAA for FY08 enacted January 28, 2008, as Pub. L. No. 110-181).

[26] GAO, 2013, Summary page;
Matthews, 2017, p. 34;

Retirement Modernization Commission (MCRMC) report claimed that the 1991 Congressional requirement that DoD gradually lower reimbursement rates to mirror Medicare rates has limited TRICARE participation by civilian providers.[27] Several studies confirmed the challenge of finding providers:

- DoD surveys from 2008 to 2011 (as reported by GAO) found that nearly one in three beneficiaries not enrolled in TRICARE Prime experienced problems finding a civilian provider who would accept TRICARE. GAO noted that civilian physicians' acceptance of new TRICARE patients had decreased since a 2005-2007 survey.[28]

- ROA reported in 2016 that 40 percent of TRS users had access to qualified specialists all of the time, 28 percent had access some of the time, and others had little or no access. Only 38 percent reported access to a good selection of in-network doctors.[29]

- The most recent DoD surveys of RC members and spouses were less conclusive regarding availability of providers and specialists, with the largest percentage (45 percent-50 percent) reporting no difference between TRICARE and civilian plans. Results indicate, however, that availability of providers under TRICARE may be better for RC members than for their family members. Specifically, 28-33 percent of RC members and spouses reported that civilian plans had better availability of providers for spouses and family members, compared to 18-27 percent reporting better availability under TRICARE. However, 33-34 percent of RC members reported better availability for themselves under TRICARE, compared to 19 percent reporting better availability under civilian plans.[30]

In fulfillment of section 712 of the Carl Levin and Howard P. "Buck" Mckeon NDAA for FY15 (Pub. Law No. 113-291), DoD has completed the first year of a four-year survey (2017-2020) of civilian providers and MHS non-enrolled beneficiaries, designed to determine civilian provider acceptance of, and beneficiary access to, the TRICARE Standard benefit option. This four-year survey is required as a follow-on to two previous four-year surveys completed from 2008 to 2011 and 2012 to 2015.[31] The survey is licensed by the Office of Management and Budget (provider survey) and Washington Headquarters Service (beneficiary survey), and has been reviewed by the GAO as required by the guiding legislation.[32]

MCRMC (2015, January 29). *Report of the Military Compensation and Retirement Modernization Commission: Final Report*. Retrieved from https://www.ngaus.org/sites/default/files/MCRMC%202015_0.pdf; ROA, 2016, p. 4.

[27] MCRMC, 2015, p. 86.

[28] GAO, 2013, Summary page.

[29] Matthews, 2017, p. 35.

[30] DMDC, 2016, p. 562; OPA, 2017, p. 880, 882, 956, 958.

[31] §721, NDAA for FY12 enacted December 31, 2011 as Pub. L. No. 112-81.

[32] DHA (2017, May). *Evaluation of the TRICARE Program: Fiscal Year 2018 Report to Congress: Access, Cost, and Quality Data through Fiscal Year 2018.* Washington, DC: Author. Retrieved from https://www.health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Health-Care-Program-Evaluation/Annual-Evaluation-of-the-TRICARE-Program

As reported in DHA's 2018 Evaluation of the TRICARE Program, provider survey results and key points after the first year show the following:

- About six of 10 providers overall (57 percent of physicians and non-physician behavioral health providers) and eight of ten physicians (77 percent) accept new TRICARE Standard patients [non-Prime] if they accept new patients of any insurance. These acceptance rates are statistically similar to the 2012-2015 benchmark survey for physicians (76 percent) and lower for all providers (59 percent).

- Almost nine of ten providers (85 percent) and over nine of ten physicians (94 percent) are aware of the TRICARE program in general (greater than the 2012-2015 and 2008-2011 benchmarks, respectively, 84 and 82 percent for all providers and 93 and 91 percent for physicians).

- Similar to the 2008-2011 benchmark survey, behavioral health providers (including psychiatrists, psychologists, and non-physician providers) report lower rates than physicians for awareness (77 percent) and acceptance (36 percent), [thus] lowering all-provider acceptance rates.

- Primary care and specialist physicians report similar rates of awareness, both of which exceed the 2012-2015 benchmark.

- Providers in non-Prime Service Area (PSAs) report greater awareness and acceptance of new TRICARE Standard and Medicare patients than do PSA providers.

A key feature of the new TRICARE Select law is that its implementation plan must ensure that at least 85 percent of the beneficiary population under TRICARE Select must be covered by the TRICARE Network. The Department looks forward to this network expansion to increase the availability of network providers willing to accept TRICARE beneficiaries outside of the former Prime Service Areas.

b. Accessing Health Care Facilities

Challenges with accessing health care facilities can arise when RC members and their families live at a distance from a PSA. A PSA constitutes the geographic area where TRICARE Managed Care Support Contractors (MCSCs) are required to establish the TRICARE network of providers. In 2013, DoD reduced the number of locations designated as PSAs to those within a 40-mile radius of MTFs. Surprising to many, 68 percent of Selected Reserve members and their families still lived in a PSA as of September 30, 2016, compared to 96 percent of Active Duty family members. More than half of Selected Reserve members and their families (54 percent) resided near a clinic or inpatient MTF, compared to 93 percent of active duty members and their family members.[33] However, it should come as no surprise that the problem of accessing health

[33] DHA (2018, February). *Evaluation of the TRICARE Program: Fiscal Year 2018 Report to Congress: Access, Cost, and Quality Data through Fiscal Year 2017,* p. 146. Washington, DC: Author. Retrieved from

facilities appears to be magnified for RC members in rural areas; their experience is likely not significantly different from their neighbors in their community.[34]

c. Continuity of Care

Various reports and studies highlight issues with continuity:

- Respondents to the 2016 SOFS-RC reported the following experiences during activations:
  - 70 percent Employers did not continue health care benefits during activation.
  - 40 percent No employer policy to continue benefits during military absences.
  - 35 percent Benefits continued for military leave extending beyond 30 days.
  - 13 percent Benefits continued for military leave up to 15 days.
  - 12 percent Benefits continued for military leave up to 30 days.[35]
- The ROA's 2016 TRS study claimed that transitioning in and out of civilian and military health plans disrupts medical treatments, with differing treatment strategies and prescriptions, and doctors or health care plans that provide different levels of support. Health care is further complicated because benefits are different depending on the type of active duty Selected Reserve members are performing.[36]

Recommendation 6 as proposed in the 2015 MCRMC report would fundamentally reformulate the health benefit by essentially replacing the MHS, as it is known today, with an insurance approach for all DoD beneficiaries other than uniformed Service members (active or reserve) on active duty (greater than 30 days). The Office of Personnel Management (OPM) would develop and administer an array of health plans in the style of its highly regarded FEHB program. Service members with at least one eligible family program member up to the age of 26 could select a health plan from the new DoD health benefits. The cost of the premium would be apportioned in a manner common to most employer-sponsored health plans: a worker portion (Service member) and an employer portion (uniformed Service member's federal department).

The four federal departments would transfer their portion of the health plan premium (72 percent of the median health selected in that location, state, or metropolitan statistical area in the prior year) directly to the Employee Health Benefits Fund managed by OPM. The Service member would receive a stipend called a Basic Allowance for Health Care (BAHC) that would appear as an allotment on his or her Leave and Earnings Statement. Not only would the BAHC

https://www.health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Health-Care-Program-Evaluation/Annual-Evaluation-of-the-TRICARE-Program

[34] Matthews, 2017, p. 34; ROA, 2016, p. 5.

[35] OPA, 2017, pp. 590, 592, 598.

[36] ROA, 2016, p. 3-4.

cover the Service member's portion—i.e., 28 percent of the prior year median selected health plan—but it also would cover out-of-pocket expenses.[37]

> [T]he average copayment amount by all active-duty family member beneficiaries in that location [geographic unit]…the portion to be used for out-of-pocket expenses (copayments, coinsurance, and deductibles) would be paid to active duty Service members in their direct deposit…even affords families a surplus each month after costs are paid.[38, 39]

> All RC members should be able to purchase a plan from the DoD program at varying cost shares. Members of the Selected Reserve should have a reduced cost share of 25% to encourage RC health and dental readiness and streamline mobilization of RC personnel. Other RC members new to the benefit should have higher cost shares corresponding to their category of service. When mobilized, RC members should receive active-duty health care. Under this new benefit, RC members with families should receive the BAHC and either select a plan from DoD's program or remain on their current (civilian) plan while applying the BAHC to those costs.[40]

Although the TRS program would be repealed under MCRMC Recommendation 6, Selected Reserve members who choose the new DoD health benefits program for their family coverage when not activated would ensure continuity of care when they are activated.

Alternatively, the family could ensure their continuity of care by staying on their chosen (non-DoD) civilian plan while their Selected Reserve member sponsor is on Active Duty. The sponsor would get the full BAHC amount to apply to premiums and out-of-pocket expenses.

DoD non-concurred with MCRMC Recommendation 6.

d. Establishing Eligibility

A 2007 GAO study reported that establishing or maintaining eligibility can be problematic if the Service personnel community enters Service members' information into DEERS incorrectly. The Service personnel community must resolve these problems rather than the medical community, which Service members often do not realize. In addition, many RC members fail to ensure that their information is updated in DEERS when they return from an activation, which may result in denial of medical care or incorrect charges.[41]

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[37] MCRMC, p. 109-111.
[38] MCRMC, p. 111.
[39] MCRMC, p. 110.
[40] MCRMC, p. 111.
[41] GAO, 2007, p. 24-25;
ROA, 2016 p. 5.

4. Detailed Literature Review

See *Appendix A – Literature Review*, p. 75, for additional literature.

B. Methodology

The main objective of this congressionally-mandated study is to measure the extent to which families of Selected Reserve members called to active duty for more than 30 days experience difficulties in transitioning from health care arrangements relied upon when the member is not in an active duty status to health care benefits under the TRICARE program. The study will also measure preferences for possible Selected Reserve health care options for the future.

To meet the study objectives, CNA designed a cross-sectional study with two data collection components:

1. a voluntary, web-based survey of current Selected Reserve members, and
2. voluntary discussion groups conducted with current Selected Reserve members at their drilling locations.

The study population focused on current Selected Reserve members across all seven RCs (listed alphabetically by DoD RC, followed by USCGR, which is part of the Department of Homeland Security):

USAFR	Air Force Reserve
ANG	Air National Guard of the United States
USAR	Army Reserve
ARNG	Army National Guard of the United States
USNR	Navy Reserve
USMCR	Marine Corps Reserve
USCGR	Coast Guard Reserve

1. Survey

Questions included in the survey were informed from a review of relevant literature and developed in consultation with DHA and Subject Matter Experts (SMEs), including representation from each of the seven (7) RCs. Additionally, when possible, CNA used established items from previous studies and research. In particular, CNA based some questions on those included in the *2016 Status of Forces Survey of RC Members.*

Survey questions targeted the demographics of participating personnel and their families' access to health care prior to and during activations lasting more than 30 days. The survey also included questions about the preferences of the participating personnel regarding future Selected Reserve health care options. Included were mostly closed ended, multiple choice questions to

solicit the respondent's opinions, preferences, and experiences. Please see *Appendix C – Survey Instrument,* p. 110, for the complete survey instrument used.

To ensure that responses were representative of our target population, CNA used a proportional probability stratified random sampling design to collect a representative (proportional) sample from the target population. CNA administered the survey via MAX.gov survey software, and the criteria for personnel to be eligible to participate in the survey were the following:

- Is a current Selected Reserve member of one of the seven RCs, and
- Is at least 18 years old.

Recruitment emphasis (oversampling) was placed on Selected Reserve members who met the following criteria:

- Has at least one TRICARE-eligible family member as defined by DEERS, and
- Is a current Selected Reserve member who has completed, or is currently on, an activation of more than 30 days in the past 18 months.

For more information about survey procedures, including survey sample selection, please refer to *Appendix B – Survey and Discussion Group Process Details,* p. 95.

2. Discussion Groups

The discussion groups were designed to probe participants for more detail on factors relating to their opinions, preferences, and experiences regarding their families' access to health care prior to and during the respondent's activations lasting more than 30 days.

Units selected to serve as discussion group locations were identified through RC leadership. The criteria for subject selection for the discussion groups were the same as those for the oversampled population for the survey. That is, personnel were eligible for inclusion in the discussion groups if they met the following criteria:

- Is a current Selected Reserve member of one of the seven RCs,
- Has at least one TRICARE-eligible family member,
- Is currently activated for more than 30 days, or has been activated for more than 30 days in the last 18 months, and
- Is at least 18 years old.

For more information about discussion group procedures, including recruitment of the discussion group participants, please refer to *Appendix B – Survey and Discussion Group Process Details,* p. 95.

3. Study Timeline and Milestones

Table 6 below identifies the study milestones. CNA submitted its initial study package for Western Institutional Review Board approval on April 25, 2017, and began meeting with SMEs, developing the survey instrument and discussion group guide. On August 1, 2017, Western Institutional Review Board approved the study package in its entirety (including study protocol, survey instrument and consent, discussion group guide and consent, and recruitment materials). On August 23, 2017, the Office of the Assistant Secretary of Defense for Health Affairs (OASD(HA)), Human Research Protection Program (HRPP), determined that the proposed activity did not constitute human subject research.

Table 6 – Study Milestones

Date	Event
April 25, 2017	WIRB approval to begin literature review, meet with SMEs, and develop the survey instrument and discussion group guide
August 1, 2017	WIRB approval of full study package (including study protocol, survey instrument, discussion group guide, and recruitment materials)
August 23, 2017	Determination by DHA, Human Research Protection Program that the proposed activity would not constitute human subject research
August 25, 2017	CIO IRB approval of study package
September 5, 2017	Records Manager IRB approval of study package
September 13, 2017	Office of People Analytics (OPA) (formerly DMDC) recommendation letter received for the information collection to be approved and licensed
October 3, 2017	Coast Guard IRB approval of study package
October 10, 2017	Services' IRB approvals of study package
November 2, 2017	DHA Privacy and Civil Liberties Office approval
November 30, 2017	WHS issued approval and licensure
December 8, 2017	ONR final approval to CNA for study
Date	**Data Collection Commenced**
December 12, 2017	Web-based survey instrument made available to eligible Selected Reserve members
January 6, 2018	Discussion groups initiated among RC units
January 31, 2018	CNA meeting with TMC member organizations
February 12, 2018	Web-based survey instrument pulled from the field
February 24, 2018	Discussion groups concluded
	Data Collection Concluded

From August through November 2017, various offices and agencies began reviewing the study package for approval. CNA began obtaining Selected Reserve members' emails for the survey to be distributed and confirming discussion groups to be conducted at various RC units, after receiving Western Institutional Review Board approval and prior to receipt of final approval and licensure from DoD Washington Headquarters Service and ONR. Once final

approvals and licensure were received on November 30, 2017, from Washington Headquarters Service and on December 8, 2017, from ONR, CNA sent an email to eligible Selected Reserve members on December 12, 2017, informing them that the survey was live and available.

The web-based survey was pulled from the field on February 12, 2018, after 3,839 completed surveys were received. Discussion groups commenced on January 6, 2018, and concluded on February 24, 2018, after 28 discussion groups had been conducted, with 165 participants from 11 discussion group locations across the continental United States. The CNA study team also met with representatives from The Military Coalition member organizations on January 31, 2018, to gain input on the study topics from their current and former Selected Reserve members.

The overall response rate was 6.56 percent, which was well below the 23.5 percent response rate that was targeted. See Table 7 and Table 8 for the response numbers and rates for the web-based survey and the discussion groups.

Table 7 – Survey Response Rates and Numbers

Reserve Component	Participants who responded		Target		No responses [a]	Declined survey [b]	Ineligible for survey [c]
	%	n	%	n			
Air Force Reserve	9.38%	727	26%	1,977			
Air National Guard	9.74%	760	26%	1,994			
Army Reserve	4.95%	488	21%	2,012			
Army National Guard	2.44%	284	20%	2,017			
Marine Corps Reserve	3.91%	312	25%	1,990			
Navy Reserve	7.71%	625	24%	1,956			
Coast Guard Reserve	10.62%	643	25%	1,523			
TOTAL	**6.56%**	**3,839**	**23.5%**	**13,469**	**422**	**665**	**25**

a. Opened survey but did not respond to consent question or did not indicate current status
b. Did not consent
c. Selected "Other" when reporting Selected Reserve status

Table 8 – Discussion Group Participation Numbers

Reserve Component		Conducted		
		Locations	**Groups**	**Participants**
Air Force Reserve	USAFR	1	5	22
Air National Guard	ANG	2	5	41
Army Reserve	USAR	1	3	14
Army National Guard	ARNG	2	7	42
Marine Corps Reserve	USMCR	1	1	9
Navy Reserve	USNR	2	2	8
Coast Guard Reserve	USCG	2	5	29
TOTAL		**11**	**28**	**165**

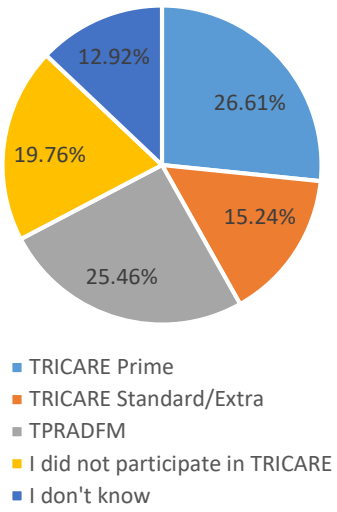
For additional detail on data collection procedures, please refer to *Appendix B – Survey and Discussion Group Process Details*, p. 95.

IV. §748(a) – Family Transition to TRICARE upon RC Sponsor's Activation

This section of the report responds to §748(a), which requires DoD to "assess the extent to which families of members of the reserve components of the Armed Forces serving on active duty pursuant to a call or order to active duty for a period of more than 30 days experience difficulties in transitioning from health care arrangements relied upon when the member is not in such an active duty status to health care benefits under the TRICARE program."

Please note that the survey results included in this section only apply to survey respondents who did not report that their eligible family members typically have health care coverage through TRICARE when not activated (i.e., TRS, TRR, or premium-free TRICARE coverage through another family member) prior to activations (question 4, *Appendix C – Survey Instrument*, p. 110). Of the 3,839 total survey respondents, 1,480 Selected Reserve members fell into this category; they did not report that their eligible family members typically have health care coverage through TRICARE prior to activations. Figure 4 shows the distribution of these survey respondents, based on the TRICARE options used by their family members when they gain premium-free TRICARE coverage (question 12, *Appendix C – Survey Instrument*, p. 110).

Figure 4 – TRICARE Options Used by Families of Selected Reserve Members during Activations



Those who reported that their eligible family members are typically covered through TRICARE prior to activations did not receive the survey questions reported on below. However, discussion group results reported in this section include responses from any discussion group participant, regardless of family member health care coverage.

A. Extent to which Families Need to Change Providers

This subsection responds to the required study element regarding the extent to which family members of the RCs are required to change health care providers when they become eligible for health care benefits under the TRICARE program. To assess the extent, the survey probed Selected Reserve member/TRICARE sponsors if their families had been refused an appointment or visit to one of their usual providers because they were not accepting TRICARE during the time they were activated (greater than 30 days).

1. Results

Of the web-based survey respondents, 83.8 percent said either none of their family members had been refused an appointment or visit to one of their usual providers because they were not accepting TRICARE (68.32 percent) or did not know (15.47 percent). While 16.20 percent of the survey respondents reported that a family member had at least one refusal, the story is revealed in the breakdown by type of TRICARE coverage shown in Table 9 (question 15, *Appendix C – Survey Instrument*, p. 110). There were no statistically significant differences between RCs.

Table 9 – Refusal by Healthcare Providers during Activations

16.20%	Usual provider refused appointment or visit; not accepting TRICARE
2.05%	**TRICARE Standard/Extra**
2.50%	I don't know [the TRICARE option family used]
4.73%	TRICARE Prime Remote for Active Duty Family Members (TPRADFM)
6.92%	TRICARE Prime
68.32%	No refusal experienced
15.47%	I don't know if refusal experienced

Of the survey respondents, 2.05 percent of the Selected Reserve member respondents reported that their family was covered by TRICARE Standard/Extra and experienced at least one instance when one of their usual providers refused them an appointment or visit because they were not accepting TRICARE; more than likely, that meant that they had to change at least one provider. In contrast, 11.65 percent reported that their family had to change at least one provider while covered by TRICARE Prime (6.92 percent) or TPRADFM (4.73 percent) during activations. This adds up to 16.20 percent when respondents who did not know which TRICARE option the family used (2.50 percent) are included.

Survey respondents offered the following written comments.

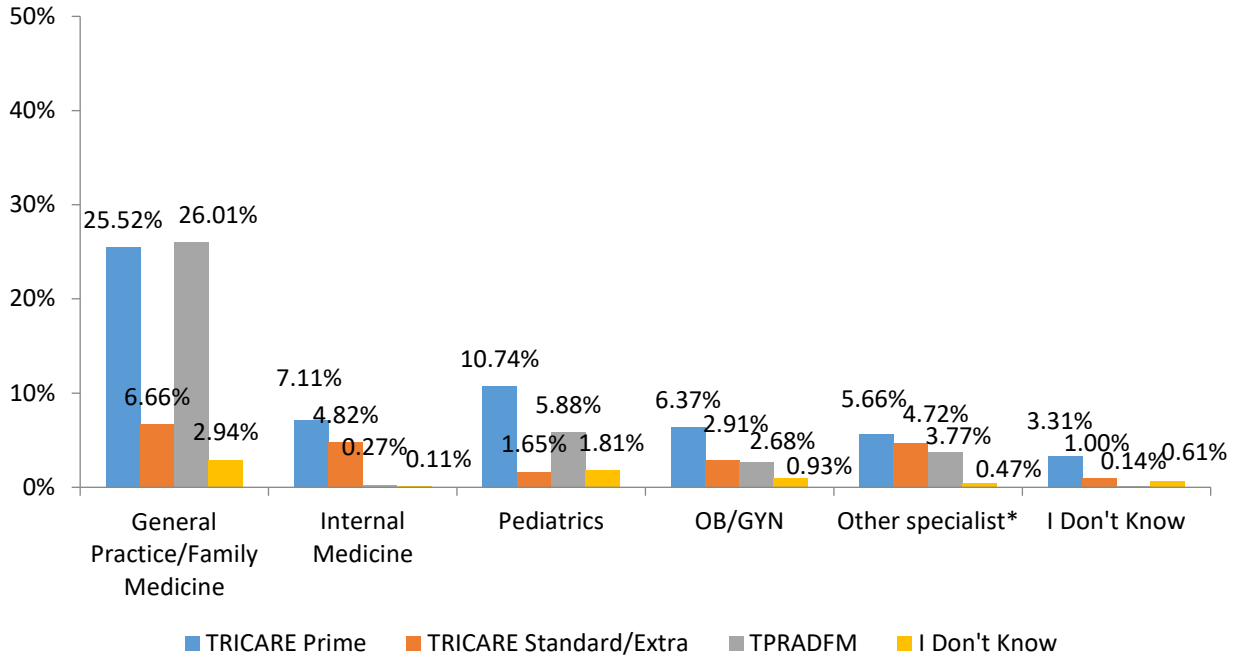
> TRICARE should be dropped and you should partner with the top health insurance providers. Most Doctors will not accept TRICARE.
>
> To my knowledge, my wife has not needed any medical care since my activation. However, I was previously on TRICARE Reserve Select, and even in the Atlanta metro area, the number of TRICARE providers near our home was extremely limited. Hardly anybody wants to accept it.
>
> Most civilian doctors do not accept TRICARE benefits because they have to fight with TRICARE for payment for their services. There were two times that I had to pay almost the full medical bill for my children's care because TRICARE did not pay the doctor's office what they had charged or they did not pay at all. Not to mention that I had to call and get approval from TRICARE in my region for my child's care before the doctor could even treat my child. Absolutely ridiculous that I have to call and get prior approval for the doctor to run a test on my child to ensure that she was not seriously ill.
>
> We did not use TRICARE very much during the deployment because our doctors did not accept it. We just continued to use my employer insurance.
>
> There were several times when my orders (over 30 days) were interrupted for various reasons (Annual Tour, courses less than 30 days, going to 1095, etc.). This caused my family to have to be on TRICARE Standard for brief amounts of time. Also, during these interruptions there would be appointments that would be cancelled b/c the TRICARE service was interrupted.

The web-based survey instrument was programmed to skip all questions about use of TRICARE while activated for Selected Reserve members who reported that their family members were covered by TRICARE (i.e., TRS, TRR, or premium-free TRICARE coverage through another family member) when not activated. However, discussion groups suggested that some family members of Selected Reserve members who are enrolled in TRS prior to activation also encounter the need to change health care providers when they enroll in premium-free TRICARE. Specifically, discussion group participants suggested that when they switch from TRS to TRICARE Prime, their family members also have some difficulty in getting referrals to preferred providers with whom they have had a previous relationship. While changing providers is to be expected under the terms and conditions of TRICARE Prime, many members and their families reported that they had been unaware of this. Consider the following comment by one discussion group member.

> [Continuing to see the neurologist] was very important because he is very familiar with my wife's case. Having to go to someone with no clue [would be] a pain in the butt. TRICARE insisted that she keeps going on base. My wife's neurologist was on the TRICARE list, but TRICARE was trying to insist that she go on base. We decided to stay with that doctor and pay out-of-pocket.

Of those who reported that their family members have had to change health care providers when they were activated, Figure 5 shows the type of providers that refused to give appointments or see family members because they did not accept TRICARE beneficiaries (question 17, *Appendix C – Survey Instrument*, p. 110). A greater percentage of those covered by TRICARE Prime and TPRADFM appear to have encountered this challenge, especially with providers in general practice/family medicine and pediatrics. Interestingly, these are two primary care specialties, and a key feature of TRICARE Prime is that enrollees are assigned to PCMs; TPRADFM enrollees may choose their own primary care provider if no suitable TRICARE network PCM is available.

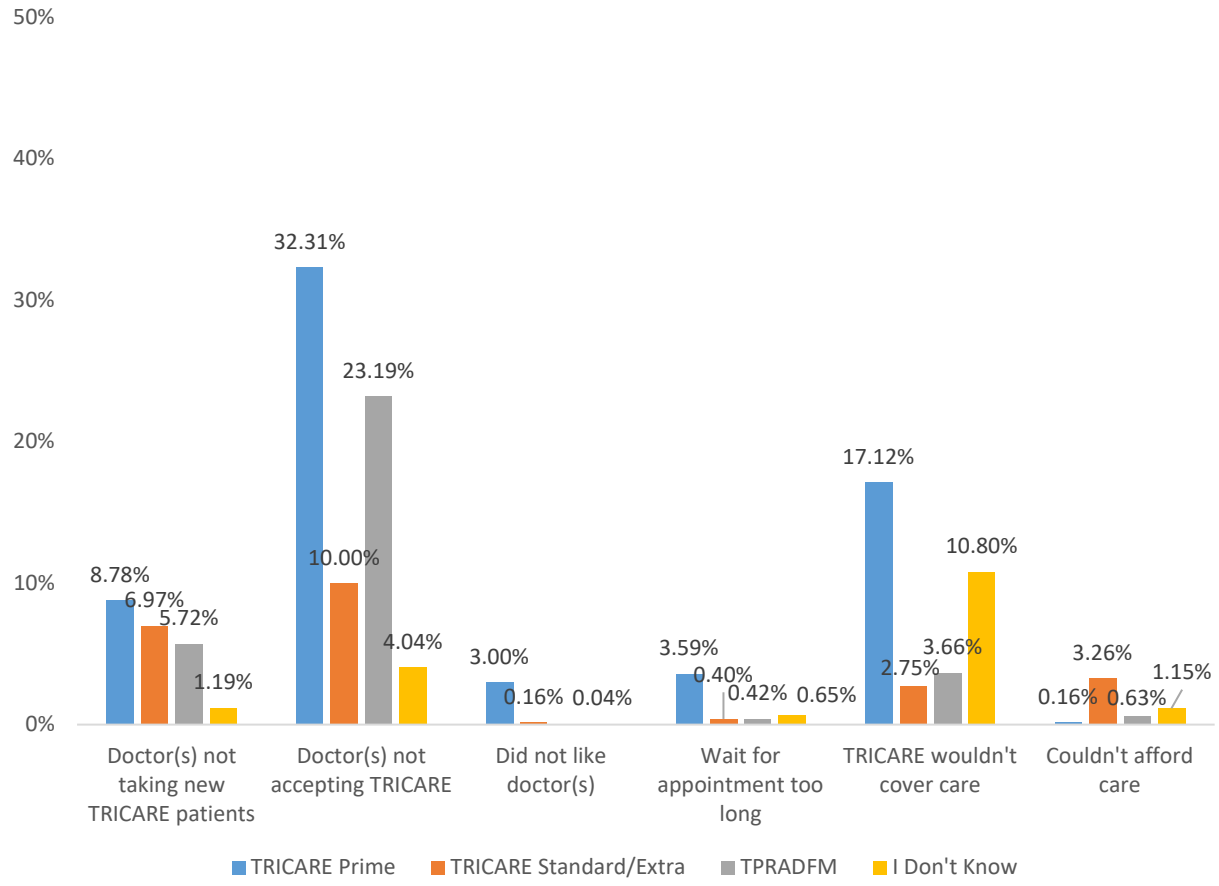
Figure 5 – Provider Specialties that Refused Family Member Appointments during Activations



*Survey participants who selected "other" on survey question 17 were given the opportunity to specify what kind of specialist to which they were referring. If the type of specialist they wrote in could be re-categorized under one of the existing specialist categories, it was re-categorized as such. Any other responses that could not be re-categorized are reported in the "other specialist" category here.

Survey respondents who reported that their family members were not able to continue receiving care in the same places that they had gone to prior to gaining premium-free TRICARE were also asked about the reason for this (question 18, *Appendix C – Survey Instrument*, p. 110). As illustrated in Figure 6, the most frequently reported reason provided was that their usual doctors were not accepting TRICARE beneficiaries (32.31 percent of those covered by TRICARE Prime, 23.19 percent of those on TPRADFM, and 10 percent of those on TRICARE Standard/Extra).

Figure 6 – Reasons for Discontinuing Care with Usual Doctor/Facility during Activation



2. Commentary

This element could be considered to be the pivotal concern undergirding both §748(a) and §712(a). The key finding would be that 2.05 percent of the Selected Reserve member respondents reported staying on TRICARE Standard/Extra and experiencing at least one instance when they had to change at least one provider. TRICARE Standard/Extra features choice of provider whether it is free, space-available care delivered at an MTF or care purchased from TRICARE-authorized providers, network or non-network, with cost-sharing required. Therefore, the possibility of continuity of care with a usual provider would be a reasonable expectation for those covered under TRICARE Standard/Extra.

Therefore, it should come as no surprise that, 11.65 percent reported that their family had to change at least one provider after enrolling in TRICARE Prime (6.92 percent) or TRICARE Prime Remote for Active Duty Family Members (TPRADFM; 4.73 percent). (Along with those who did not know which TRICARE option the family used (2.50 percent), these percentages add up to 16.20 percent.) Not only do TRICARE Prime programs not feature choice of provider, they require referrals for specialty care subject to selection by the MCSC. TRICARE Prime does not feature choice of provider. It requires assignment to a primary care provider (usually at an MTF) and referrals for specialty care with MTFs retaining right of first refusal. While

TRICARE Prime requires assignment to a PCM and usually an MTF PCM, TPRADFM generally allows choice of primary care provider (PCP) as long as a suitable network PCM does not happen to be available. This means that continuity of care is not to be expected under the terms and conditions of TRICARE Prime.

Families of Service members on active duty (active or reserve) are attracted to the free care that TRICARE Prime offers: free civilian care (except pharmacy) and priority access to free MTF care and pharmacy. Consequently, they take action to enroll; however, as evidenced later in this report, many survey respondents and discussion group participants indicated that they had not fully understood the differences between TRICARE Standard/Extra and TRICARE Prime when they made their coverage selection. Many were unaware that provider choice would be restricted under TRICARE Prime. They may not have fully appreciated that they were giving up choice of provider in the tradeoff.

What this means is that those in TRICARE Prime should not expect to retain continuity of care with their usual or familiar provider. Yet almost six times more complaints about needing to change providers comes from those in a TRICARE Prime program (11.65 percent) than those under TRICARE Standard/Extra (2.05 percent).

Further context is that MTFs are held responsible for recapturing care and their right of first refusal is a key tool. Under TRICARE Prime terms and conditions, enrollees who live near an MTF are subject to change from their usual primary care provider to an MTF PCM; case-by case exceptions are infrequent as long as the MTF has capacity. TRICARE Prime requires them to submit to PCM-directed referrals or opt for the high costs of point-of-service cost sharing (50 percent of the CHAMPUS Maximum Allowable Charge (CMAC) after satisfying a high deductible). The top priority is an MTF specialist within access standards followed by the TRICARE network as second priority with a provider selected by the MCSC.

In some instances, provider refusal could have been due to providers not wanting to accept TRICARE at all. In other instances, it is possible that a TRICARE authorized provider declined to participate in filing claims on behalf of the patient although the patient could have filed claims; patients could have easily perceived that as a refusal.

It would be interesting to know more about the particular situations in which these occurred. Results of congressionally-mandated surveys of providers have repeatedly demonstrated that eight out 10 providers who are accepting any new patients at all will accept TRICARE.[42] See Section III.A.3.a, *Finding Providers*, p. 21, for more information.

[42] The most recent multi-year survey (2012-2015) complied with the requirements of §721, NDAA for FY12, enacted December 31, 2011, as Pub. L. No. 112-81. This four-year survey followed a previous four-year survey completed from 2008 to 2011 (responding to §711, NDAA for FY08 enacted January 28, 2008, as Pub. L. No. 110-181).

B. Extent of Family's Prior Established Provider Relationship

This subsection responds to the required study element regarding the extent to which health care providers in the private sector with whom such family members have established relationships when not covered under the TRICARE program are providers who:

i. are in a preferred provider network under the TRICARE program;

ii. are participating providers under the TRICARE program; or

iii. will agree to treat covered beneficiaries at a rate not to exceed 115 percent of the maximum allowable charge under the TRICARE program.

1. Results

As mentioned, CNA did not collect data from providers because of the inevitable delay to commence data collection. However, survey results show that nearly all Selected Reserve members' family members have a usual source of care (91.98 percent, 95 percent confidence interval (CI): 87.84-94.80 percent (question 6, *Appendix C – Survey Instrument*, p. 110*)).* Survey respondents who switched from a civilian plan to premium-free TRICARE during an activation suggested that the TRICARE network was sufficient to meet their family members' needs. To some extent, that was less true for those members who reported having a family member in the Exceptional Family Member Program (EFMP); they were more likely to report having difficulty in finding appropriate providers.

> I have a special needs daughter with multiple disabilities and a typical, teenage son. My wife and I have worked hard over the years to establish relationships with physicians, nurses, and practices to provide a high level of quality care. Oftentimes, I am able to make a phone call and easily obtain advice, a prescription, a referral, or an appointment. When I was most recently activated, I looked through all of the physicians and locations offered and was sorely disappointed. The locations required additional travel, none of our physicians or specialists were available - and this is in suburban Boston, one of the country's most well-staffed health care locations. I personally paid over $20,000 during a 12-month deployment to maintain the level of care we worked years to attain. No reimbursement, no tax deduction, no options. Hopefully, future mobilizations will offer some type of option to support Service members in similar circumstances.
>
> They didn't take our family doctor, so we said screw it, and we're not going to deal with this and switch doctors. My daughter is autistic and finding a doctor that she is comfortable with is important.

Of those whose families who had a usual doctor, clinic, or other usual place of care, 88.36 percent went to family medicine/general practice (95 percent CI: 83.11-92.13), 14.32 percent internal medicine (95 percent CI: 9.70-20.65), 37.62 percent pediatrics (95 percent CI: 31.13-44.59), 25.02 percent obstetrics/gynecology (OB/GYN; 95 CI: 19.94-30.89), and 5.34 other specialty (95 percent CI: 2.64-10.54).

Some Selected Reserve members who had been insured under FEHB or OHI prior to activation chose to continue their existing coverage during activation (42.99 percent, 95 percent CI: 36.56 percent-49.67 percent; question 9, *Appendix C – Survey Instrument*, p. 110).[43] Of this 42.99 percent, approximately one-quarter (25.95 percent, 95 percent CI: 18.51 percent-35.09 percent) did so because they preferred their civilian health care plan to TRICARE and were willing to pay their OHI premiums (question 10, *Appendix C – Survey Instrument*, p. 110). The overwhelming majority (74.10 percent, 95 percent CI: 59.98 percent-84.53 percent) of these survey respondents preferred their OHI because at least one of their preferred providers did not accept TRICARE (question 11, *Appendix C – Survey Instrument*, p. 110).

Discussion group respondents suggested that in some areas of the country, family members of Selected Reserve members have trouble finding appropriate specialists who participate in the TRICARE network, particularly pediatric sub-specialists.

> My son had a heart condition, and there were zero pediatric cardiologists. We paid out of pocket. The closest network provider was six hours away for us to do, so that wasn't realistic for us to take a vacation to see the doctor.
>
> Opening up more providers to take our insurance would be the best idea. I live by Philadelphia, and there are no doctors there who take my insurance. It would be nice to have more doctors to go to.

2. Commentary

As stated above, it is a reasonable expectation for those who remain in TRICARE Standard/Extra to seek continuity of care with their usual providers. Those who select TRICARE Prime should anticipate that opportunity for continuity of care with their usual providers may be limited; however, many survey respondents and discussion group participants indicated that they had been unaware of such limitations upon signing up for TRICARE Prime. It is also common knowledge that civilian providers change network affiliations from time to time, change office locations, and relocate outside the locality.

DoD requires MCSCs to establish and maintain a TRICARE network of providers that is adequate to provide services within PSAs. DoD monitors network adequacy and requires corrective action as indicated. However, DoD recognizes that less populous communities are often medically underserved; there is no requirement for MCSCs to bring more doctors to an area and open a practice. Further, it is challenging to entice providers with full panels in markets with limited provider availability to subject themselves to network requirements and offer discounts from CMAC.

[43] FEHB coverage may continue for up to 24 months while a federal employee is absent for military duty, and, if the member is called or ordered to active duty in support of a contingency operation, FEHB law gives agencies the authority to pay the employee share of FEHB premiums.

C. Difficulties Encountered with Transitioning to TRICARE

This subsection responds to the required study element regarding the extent to which such family members encounter difficulties associated with a change in health care claims administration, health care authorizations, or other administrative matters when transitioning to health care benefits under the TRICARE Program. Issues not already discussed include those presented below.

1. Results

Among survey respondents who were recently activated, had family members, and switched from a non-TRICARE product to the TRICARE program, 22.29 percent (17.00 percent-28.66 percent) reported difficulty in getting claims processed during activations (question 22, *Appendix C – Survey Instrument*, p. 110). Table 10 provides a breakdown of the 22.29 percent and shows that a slightly smaller percentage of those covered by TRICARE Standard/Extra (4.22 percent) than those on TRICARE Prime (6.35 percent) and TPRADFM (8.05 percent) reported having difficulties with claims processed. That is different from what one might expect.

Table 10 – Difficulty Getting Claims Processed

22.29%	Difficulty with claims
3.67%	I don't know
4.22%	TRICARE Standard/Extra
6.35%	TRICARE Prime
8.05%	TRICARE Prime Remote for Active Duty Family Members
77.71%	No difficulty with insurance claims

Discussion group participants also described difficulties that their family members had encountered as they transitioned to TRICARE. One common theme was difficulty in obtaining referrals to the providers of choice under TRICARE Prime.

> With Prime, not Reserve Select, we have to get a referral from a doc. That process can take three weeks, six weeks – it takes a long time. You're outside the limits sometimes [you get a referral and your coverage ends or the referral period is too short], you have to tell them what you want [multiple visits, long time to use the referral], otherwise you're playing the referral game.

Administrative issues with MCSCs and communication between individual units and DEERS were frequently cited issues in the discussion groups and in comments written in by survey respondents.

> My biggest experience that I think a lot of people go through is the seamless switch to activation…we had a 100 members come off of active duty, so there are a few things that have to happen on the backend here with our orders status…And that doesn't quite happen seamlessly. And there are things that need to happen, you have a member on TRICARE too long who doesn't transfer to TAMP, or you have med hold members and their orders get extended, and they experience gaps in coverage…You have members without insurance and the offices don't talk to each other. Automation doesn't exist and you have to deal with the collateral damage that causes.
>
> Years and years ago, I had Blue Shield and the transition between when I was on orders and back to them was literally a phone call. Now I'm on TRS, if I could afford Blue Shield I'd be on that; TRS I can afford, but I have to literally reapply and fax something, maybe they got it, maybe they didn't, when I call they won't call me. It's a complete red tape nightmare…there are problems with ease of use. You don't really know if you're covered until they cover something. That interim part of the transition, I thought it would be easier because it's TRICARE to TRICARE…I thought it would just be a mouse click…it doesn't happen like that, it's a guessing game, and I don't get why. I get kind of spun up about it.

More detail on these issues will be discussed in later sections.

2. Commentary

TRICARE pays claims fast. DHA/TRICARE Health Plan oversight of the regional contractors reveals that the mean processing time for all claims in both the TRICARE East and West regions is 11 days. Another TRICARE success: most claims (90.0 percent) are submitted electronically now with only 10.0 percent submitted as paper claims. For both regions overall, TRICARE processes 14 percent of paper claims within 5 days and 50 percent within 10 days. For electronic claims, TRICARE processes 62 percent within 5 days and 76 percent within 10 days. The regional contractors provide DHA with recurring reports on the timeliness and accuracy of claims processed to identify areas that are lacking and make improvements where possible.

Ensuring that access to care standards are met within the MHS and TRICARE civilian networks remains a primary focus with the Services and DHA. DHA receives routine reports from the military hospitals and clinics, as well as regional contractors, pertaining to any latencies with this matter among their facilities and networks. Corrective action plans may follow these routine reports also address any courses of action needed to meet or exceed access to care standards

As of January 1, 2018, DHA has updated its policies to allow for a seamless transition among Selected Reserve members coming off active duty and seeking to reestablish previous TRS coverage, by accepting TRS enrollment requests over the phone. The reason that enrollment back into TRS is not processed automatically is that the law requires that only Selected Reserve members who are or are not eligible for, or enrolled in, an FEHB program, to

purchase or hold TRS coverage; DoD allows self-attestation at time of application, which is considered the minimum acceptable approach to avoid covering ineligible RC members.

D. Circumstances Explaining the Challenges that Families Face When Transitioning to TRICARE

This subsection responds to the required study element regarding any particular reasons for, or circumstances that explain, the conditions described in the preceding sections A, B, and C.

1. Results

Many survey respondents and discussion group participants described times when perceived miscommunication or lack of communication, between the TRICARE Regional Contractors, individual units, and DEERS caused administrative issues that resulted in negative outcomes. These negative outcomes included time and stress for the Selected Reserve member and his/her family, negative financial outcomes, delayed and forgone care, and negative health outcomes.

Upon closer examination of the results, reported complaints of miscommunication or lack of communication invariably involved eligibility. The medical community provides health care and coverage according to eligibility displayed in DEERS, the official system of record for TRICARE eligibility. DEERS reflects, maintains, and displays TRICARE eligibility based strictly on electronic transactions Service personnel officials submit to DEERS.

> Why can't TRICARE and DEERS talk to each other?
>
> The systems aren't pro-actively talking, it's only after someone lights a fire [that things get updated].
>
> Every set of orders, I have to go personally into DEERS…It's really frustrating because of that amount of work and effort that I have to put into this. And it causes missed appointments; if my wife is going to any kind of specialty, it adds to the timeframe for being seen…There's a lot of consequences that I've run into…It's time and time again. That's my biggest gripe. It's really frustrating to the point of wanting to bang your head against the wall.
>
> I've been around for a while so I know how to do this, but when I get orders, I go straight to DEERs and say code me, but these younger guys think it'll happen automatically, and it's supposed to, but sometimes it doesn't.

> The DEERS system in general is burdensome. They should modify who is able to make changes to DEERS. If the battalion could make changes to DEERS, that would make our lives much easier. If the reserve components could have the power to change DEERS or put in a request directly, that would be very helpful. Their unit could not take off their TAMP eligibility. The unit or state could not make the changes. They could not make the changes themselves. They have to work through administrative processes.
>
> Our orders aren't continuous. I've had three sets of orders for the same time frame. It takes a day and a half to solve this issue, going to the DEERS office, etc. to get on regular active duty TRICARE. When they issue another set of orders I then have to do that exact same process again; when you come off of active duty they don't just start up TRS, you then have to go and enroll again. In every step of the process, you start from scratch. And you don't get a heads up that this is happening. You get a $600 dollar bill from the doctor and say what the hell. I was turned away by a military clinic at some point. I had my orders with me, and they said no you have to go see DEERS and DEERS has to enroll you as an active duty member. We can't treat you.
>
> There's no time gap in between the orders but you still start from square one with a new set of orders.

Survey respondents who reported having a family member in EFMP were more likely to report having difficulty during the transition to premium-free TRICARE when they were activated.

> It is important to note that if you have a family member with Autism that requires therapy and medication, TRICARE services are not sufficient to members who live in remote areas. I was living over 100 miles from a military treatment facility. It is a several months long waiting list to see a specialist and to have regular therapy and medication. It is disruptive. Then when the insurance suddenly drops off, it becomes impossible to call and get assistance because the customer support desk just looks and sees that you are not active in the system. The[y] immediately stop wanting to help you. Claims with providers also take sometimes upwards of months to process and, by the time they are processed, you will no longer be activated. It's really difficult and stressful.

2. Commentary

Gaining premium-free TRICARE associated with activation is passive and automatic as long as the personnel community properly establishes eligibility and transmits the necessary electronic transactions to DEERS in a timely and contemporaneous manner. Any problems with TRICARE eligibility is a strong dissatisfier. If eligibility issues occur, RC sponsors and family members logically reach out to TRICARE for customer service, only to be redirected to the personnel community, which has sole jurisdiction over eligibility issues; sponsors and family members perceive that as a "run-around" from the medical community.

E. Effects of Transition Challenges on Family's Health Care Experience

This subsection responds to the required study element regarding the effects of the conditions described in the preceding sections A, B, and C on the health care experience of such family members.

1. Results

Remarkably few survey respondents who gained premium-free TRICARE during activations reported that their family members experienced any of the following challenges while covered by those TRICARE benefits (question 22, *Appendix C – Survey Instrument,* p. 110):

- Lack of available primary care appointments within 50-mile radius (8.58 percent, 95 percent CI: 4.97 percent-14.43 percent)
- Lack of available specialty care appointments within 50-mile radius (4.94 percent, 95 percent CI: 2.49 percent-9.57 percent)
- Lack of emergency care (2.83 percent, 95 percent CI: 0.55 percent-13.34 percent)

Of the survey respondents, 78.21 percent reported that their family members did not miss key appointments or have delays in getting medical care, tests, treatments, or prescriptions during activations because a particular provider did not accept TRICARE, while 11.83 percent did report missed or delayed care for this reason. Of that 11.83 percent, 7.90 percent of those covered by a TRICARE Prime program missed or had delayed care because a provider did not accept TRICARE, whereas 1.42 percent of those covered by TRICARE Standard/Extra did so (Table 11). While this difference between those covered under Prime and those covered under Standard/Extra was not statistically significant at the 0.05 level, it was significant at the 0.0619 level, although the limited sample size is important to keep in mind. Again, almost six times as many respondents whose family who were in TRICARE Prime program (7.90 percent) complained about missed or delayed care than those who were in TRICARE Standard/Extra (1.42 percent).

Table 11 – Missed or Delayed Care for Family Members during Activations

11.83%	Missed or delayed care
1.42%	**TRICARE Standard/Extra**
2.42%	TRICARE Prime Remote for Active Duty Family Members
2.51%	I don't know
5.48%	TRICARE Prime
78.21%	No missed or delayed care
9.97%	I don't know

> Our experience with TRICARE, during my most recent yearlong mobilization, was such that we vowed never to use it. Several significant challenges brought us to this decision including: Extreme prescription wait times at the [name of MTF] (sometimes requiring returning the next day to pick up); difficulty scheduling specific appointments for my youngest daughter for chronic pain; general user-unfriendliness of online options. If I were to rate our satisfaction with TRICARE during my most recent mobilization on a scale of 1 to 5, with 5 being outstanding, I would rate our experience a 1.

Respondents suggested that the anxiety associated with ensuring that family members received the care they needed affected their ability to perform while activated.

> As a member in the military, it is discouraging to have to juggle insurance problems while serving your country. This is a problem that should be fixed without the military member having to suffer through it. Every time I am activated on a set of orders I and my family have to go through an insurance change; this is a hindrance to mission effectiveness because I cannot concentrate on the mission.
>
> I was not activated in the 2017 hurricane season, though I am aware that numerous Selected Reserve Coast Guard members were severely impacted by the lack of responsiveness of the TRICARE system. It was heartbreaking to hear of members who had no access to health care when their own homes were devastated by hurricanes and flooding and they were out responding to the call to help others in the disaster zones. Please update the military health care system to be more responsive to Reservists going on and off 30-day active duty.

In addition, survey responses suggest that nearly one-quarter of Selected Reserve members' families had difficulty with getting claims processed (22.29 percent, 95 percent CI: 17.00 percent-28.66 percent; question 22, *Appendix C – Survey Instrument*, p. 110). The comment below indicates that some of the reported claims difficulties associated with ineligibility apparently occur because the Service personnel community was late reporting to DEERS.

> I went on orders for 65 days. It took nearly 60 days for the TRICARE to process and be activated. During this period, health care providers billed TRICARE and the claims were initially denied. Coverage was directed toward my FEHB provider since TRICARE hadn't been activated yet, due to slow admin processing. I had already turned-off my civilian/FEHB coverage. TRICARE finally turned on, and it was nearly time to switch back to FEHB coverage. Then my orders end, but it takes 2-3 months more for TRICARE to be switched back to civilian (GS) FEHB coverage. Medical appointments were scheduled for the duration of my time on orders and immediately after. It was a billing nightmare. I went on 60+ day orders twice this year and the experience was the same both times. I am shocked this process is as dysfunctional as it is. I've spoken with many coworkers (AF Reserve/ART [Air Reserve Technician]) and apparently this experience is very common and to be expected. Six months later and I think the mess is finally cleaned up, but it took far too much determination and coordination on our part to ensure the right bills were paid by the right insurance provider so we weren't stuck with outstanding bills.

Many Selected Reserve members (12.95 percent) suffered negative financial impacts as a result of difficulties experienced with TRICARE during activations (95 percent CI: 8.25 percent-19.76 percent; question 22, *Appendix C – Survey Instrument,* p. 110). Table 12 provides a breakdown of the 12.95 percent. The trend repeats; almost six times as many respondents whose families were in TRICARE Prime program (7.56 percent) reported experiencing negative financial impacts during activations than those who were covered by TRICARE Standard/Extra (2.54 percent).

Table 12 – Negative Financial Impacts during Activations

12.95%	Negative financial impacts
2.78%	TRICARE Prime
2.54%	**TRICARE Standard/Extra**
4.78%	TRICARE Prime Remote for Active Duty Family Members
2.85%	I don't know
87.05%	No negative financial impacts

These difficulties include paying for care that was not covered or reimbursed by TRICARE, as well as paying to maintain the coverage they had prior to activations.

> We opted to continue my FEHB due to continuity of care. As a reservist who frequently goes on orders exceeding 30 days, and up to 1 year, this is always a challenge with family members requiring specialized care.

Other consequences that affected approximately 5 percent or less of Selected Reserve members' families included the following (question 22, *Appendix C – Survey Instrument,* p. 110):

- Lack of available medications as prescribed (5.74 percent, 95 percent CI: 3.09 percent-10.42 percent)

> Providers in my area did not accept TRICARE and/or new patients within time frame of deployment. My wife had history of skin cancer and was unable to see a dermatologist for the duration of deployment. Pediatrician and OB/GYN did not accept TRICARE so I was forced to pay out of pocket for duration of deployment. Wait list for new pediatrician was months and unacceptable for maintaining continuity of care. TRICARE is not a widely accepted insurance in my area and adds layers of stress and uncertainty to deployment.

- Negative impact on medical readiness (not receiving needed care in a timely fashion to be medically ready (3.39 percent, 95 percent CI: 2.27 percent-5.02 percent)

> Being a reservist, especially one that gets activated regularly, it is extremely difficult to transition from TRICARE Reserve Select, to TRICARE, and back to TRICARE Reserve Select. There is no continuity between doctors and providers, billing is a nightmare and usually ends up in money owed because it takes FOREVER to get reserve pay in order after demobilization, which is what the TRS deductions come out of.[44] Trying to get doctors prognosis and inputs from one doctor to another, especially for injuries occurred while on active duty is nearly impossible and treatment usually has to start all over again with no continuity. And heaven help you if you are referred to the VA for follow-up care which is usually what they tell you to do when going through the medical portion of the demobilization process (which is a nightmare within itself).
>
> My dependents had no issues relating to health care coverage; however, I have had significant issues. I normally rely on TRS for health care, which is great. Issues arose when I was activated, and I was shifted automatically from TRS to TRICARE Prime. I had medical test[s] that were ordered and scheduled by my civilian doctor prior to activation. When activated, TRICARE would not allow those tests to be completed because they were not ordered by an MTF, as required by TRICARE Prime. Therefore, I left on deployment without having tests completed that my doctor felt needed to be completed because of TRICARE's inflexible bureaucracy and lack of regard for my health. The automatic enrollment in Prime upon receiving orders may be great in theory for people who do not rely on TRS normally. However, in my case, automatically being enrolled on Prime equated to my health care coverage being taken away.

- Lack of access to available assistive devices (0.36 percent, 95 percent CI: 0.13 percent-1.02 percent)

[44] TRICARE Reserve Select premium payments are not collected from any form of military pay. The servicing TRICARE contractor collects monthly premium payments from a credit card or bank account as specified by the Selected Reserve member.

2. Commentary

As described in the previous section, establishing TRICARE eligibility upon activation and transmitting the necessary electronic transactions to DEERS in a timely manner is a responsibility fully under jurisdiction of the personnel community. Since this is a function of calling or ordering an RC member to active service, the medical community has no role or authority in TRICARE eligibility. Any problems with TRICARE eligibility is a strong dissatisfier. It is only logical for RC sponsors and family members to take any eligibility issues to TRICARE. It is a dissatisfier for all involved when TRICARE has to redirect them to the personnel community for definitive, authoritative action. This issue presents an opportunity for additional education and communication to RC sponsors and family members about TRICARE benefits and what is to be expected when transitioning onto and off activations.

Further, analysis of survey data revealed almost six times as many complaints for family members under a TRICARE Prime program than those under TRICARE Standard/Extra when the sponsor is activated. This recurring theme was replicated with several of the survey questions when analyzed with type of TRICARE coverage held.

F. TRICARE Program Policy and Procedure

This subsection responds to the required study element regarding recommendations for changes in policies and procedures under the TRICARE program, or other administrative action by the Secretary, to remedy or mitigate difficulties faced by such family members in transitioning to health care benefits under the TRICARE program.

1. TRS Re-Enrollment after Activation

a. Results

Many discussion group participants and survey respondents noted that while enrollment into premium-free TRICARE is automatic upon activation, re-enrolling into TRS upon deactivation (or termination of TAMP if applicable) is not automatic and causes a great deal of difficulty and confusion. Many respondents requested automatic re-enrollment onto TRS after activation. As one discussion group participant stated:

> A military member already enrolled in TRICARE Reserve Select when activated should not have to re-enroll in TRICARE when mobilized. This should be an automated system connected to payroll. It is administratively ridiculous as well as frustrating when you come off orders and onto another order set period that you have to re-enroll in TRICARE.
>
> I took a GS job when I got off active duty and wanted to use TRICARE select reserve [sic] but was not allowed to because I qualified for FEHB…

See Section IV.G.1 - *FEHB Exclusion,* p. 52, below for more on the statutory FEHB exclusion in TRS.

Discussion group members particularly remarked of the financial strain associated with re-enrollment in TRS. Despite having been a member as recently as 30 days prior, Selected Reserve members who have been activated must pay two months of TRS premiums in advance when they re-enroll. This is a financial hardship for many families. As one discussion group participant stated:

> Paying two months in advance is a hardship. Maybe I can understand the first time you enroll, sure the first time, but [we get activated a lot], you get penalized. You're paying the same amount, but you're paying two months in advance. For junior guys, that's a hardship.

b. DoD Recommendation – Review TRICARE Policy/Procedure for TRS Re-Enrollment after Activation including Initial TRS Premium Payment

Although this first portion of the study (§748(a)) is concerned with family members' experiences with transitioning onto premium-free TRICARE during activation, the survey and discussion group results show that transitioning off of active duty evoked a strong response. According to discussion group participants and many of the free text comments submitted with the survey, respondents felt caught off guard when learning that TRS required affirmative enrollment action if they wanted TRS coverage when deactivated. Many reported that at the time of deactivation they were unaware that the transition back to TRS would not be automatic.

First, DoD is reviewing the amount of the initial premium payment to determine if a lesser amount could be collected upon TRS enrollment after de-activation. TRICARE contractors collect TRS monthly premiums by either a recurring credit card (RCC) collection or an electronic funds transfer (EFT). They electronically collect premiums on the first business day of the month for that month's coverage from the account specified by the member. Collection of an initial payment equal to two months of premiums at time of enrollment is standard across the three premium-based TRICARE health plans (i.e., TRS, TRICARE Retired Reserve (TRR), TRICARE Young Adult (TYA)). This allows sufficient time for contractors to confirm arrangements with the financial institution for the RCC or EFT. The two-month initial payment also minimizes the amount of pro-rated premiums due at the first monthly collection. Regarding financial burden, TRICARE contractors refund unused pro-rated TRS premiums when a RC member gains premium-free TRICARE coverage associated with an activation. Upon deactivation, if more than 30 days of active duty were served either for a preplanned mission or in support of a contingency operation, they benefit from 180 days of premium-free TRICARE coverage under TAMP. TAMP affords deactivating RC members an ample transition period to make arrangements for ongoing health coverage while mitigating financial hardship on RC families (i.e, 6 months without having to pay health plan premiums).

Second, automatic re-enrollment into TRS after activation for former TRS members would not provide an opportunity for Selected Reserve members to validate the statutory qualifications to purchase TRS. For example, if a Selected Reserve member accepts a Federal job upon returning from activation (see respondent comment above), they become eligible for health plan insurance under the FEHB program, which is disqualifying for TRS by law.[45] TRS

[45] 10 U.S.C. 1076d(a)(2).

policy and procedure allow Selected Reserve members to self-attest to their FEHB eligibility with each TRS program enrollment to demonstrate they meet the statutory qualifications. Additionally, the new TRICARE law requires positive enrollment for all TRICARE purchased care coverage starting January 1, 2018.[46] The Department put two improvements new to TRS into operation at that time. TRS migrated from its legacy system to Beneficiary Web Enrollment (BWE) used across the TRICARE program. Alternatively, Selected Reserve members may call the TRICARE contractor and enroll into TRS over the phone. The Department continues to look for ways to make TRS enrollment easier, particularly for de-activating former TRS members.

Third, choice of health plan is a very personal decision and should not be preempted by DoD through an automated enrollment that might have been pre-determined before activation. Enrolling in TRS is a purchase and the collection of an initial premium payment is prerequisite to processing a TRS enrollment transaction. Automatic re-enrollment into TRS after activation for former TRS members would be tantamount to imposing a financial obligation upon a RC household without contemporaneous consent; that would be unwise. Even if the former TRS member had provided prior consent around time of activation, it would be stale at best. While some may be out of TRS for a short period of active duty of little over 30 days, activation for a preplanned mission or in support of a contingency operation is commonly one year. In that case, RC members often have almost two years of premium-free TRICARE coverage that would have superceded their premium-based TRS coverage. They may get up to 180 days of early eligibility TRICARE before activation, plus one year of active duty TRICARE, plus 180 days of TAMP coverage. Much can change in the life of an RC family in the course of two years, particularly families that experience an activation in the middle that places their RC sponsor in harm's way.

Finally, TRICARE has always strongly advocated that this message about re-enrolling in TRS (if desired) be widely disseminated. Subsequently, TRICARE has cultivated many communication channels: website, *TRICARE Choices for National Guard and Reserve Handbook*, direct mail 45 days before TAMP ends, annual briefings to each unit by the TRICARE contractor upon request, scripted PowerPoint briefings, and more.[47]

2. TRICARE Knowledge

a. Results

Discussion group participants and survey respondents reported confusion about the benefits offered under TRICARE. This included confusion about the differences between TRICARE plans (Prime versus Standard/Extra), as well as confusion about dental coverage.

> I just wish when you transition from TRS or into TAMP, going into and out of Prime, it just needs to be a little easier. I don't understand the purpose of having Standard and Prime.

Approximately one-third of all discussion group participants stated that they did not know whether their family member(s) had enrolled in Prime or Standard when they were

[46] 10 U.S.C. 1075, new section added by NDAA for FY17.

[47] Available for download at www.tricare.mil/reserve

activated. Additionally, some participants noted they did not know the difference between the options, leading to less than optimal decision-making and sometimes needing to switch plans.

> Our only hiccup was that our son was premature. He was seeing a lot of specialists. We had an appointment scheduled three months out. A week or so before the appointment, we found that he wasn't covered. He was switched over to TRICARE Standard. I don't remember it being explained that TRICARE [Prime] Remote required preauthorization. TRICARE Standard allowed us just to pay the copays. We had someone help through that. Otherwise, we would have had to pay or switch providers.

However, other discussion group members were not able to switch and felt forced to either pay out-of-pocket or forgo care. Interestingly, participants who had TRS prior to activation were less knowledgeable than members who had other health care coverage prior to activation, particularly when it came to how TRICARE Prime operates.

Similarly, Selected Reserve members were confused about TRICARE Prime's referral policies. As one discussion group member stated:

> Sometimes I get Prime Remote. I didn't understand the referral procedures...

Selected Reserve members, particularly those who enrolled in TRS prior to activation, also expressed confusion about dental coverage. Discussion group participants stated they did not know they were required to sign up their families for dental coverage separately when activated:

> I [was on] active duty and didn't realize dental was not covered. Then we had an appointment and they said, "No, you are TRICARE medical, you need to do separate dental." And I said, "Oh!" You have to pay for family members [but not covered reservists when on active duty]. With active duty, everything is covered [for the RC member], but for family members, you have to pay for dental and vision.

In general, discussion group participants from several locations indicated a need for better TRICARE knowledge to help them navigate the transitions in health coverage when the member is activated for more than 30 days. Additionally, Selected Reserve members who are activated or deactivated individually (without their drilling unit) have more difficulty and less information.

> It's easier when you're a part of a unit coming back, but if you're an individual coming off orders, you're an island. There's no support. There's got to be somewhere you can go to for information.

In several locations, discussion group members reported that the TRICARE contractor provided educational sessions prior to their activation, which they felt were very helpful (although many others did not appear to receive these education sessions prior to activation).

> We had some people from TRICARE come to try to explain Prime versus Standard. It was good that we had TRICARE come and brief us. It's just sometimes it's kind of a big decision to make.

b. DoD Recommendation – No Change in TRICARE Policy/Procedure Indicated

As mentioned above, TRICARE has cultivated many communication channels; DoD's TRICARE website (www.tricare.mil) provides comprehensive information and educational materials on TRICARE. The information includes health plans with their benefits, rules, and procedures; the services that TRICARE covers, excludes, or covers with limitations; and contact information. TRICARE contractors supplement the TRICARE website with insightful, up-to-date, and thorough information on their websites, and also provide toll-free access to customer service representatives. TRICARE keeps the *TRICARE Choices for National Guard and Reserve Handbook* up-to-date with information relevant across each phase of the activation/deactivation cycle as well as PowerPoint briefings completed with scripted speakers notes, and more.[48]

DHA regional representatives have conducted an outreach program to all RCs and their units, informing them that they may contact DHA regional representatives to request an annual, one-hour TRICARE briefing that is conducted by the TRICARE regional contractor or a DHA regional representative. In addition to the regional contractors mentioned above, each RC also has a DEERS Project Office that is staffed by civilian and/or military members to assist with any questions related to TRICARE eligibility issues.

3. Benefits Administrators, Especially Pharmacy

a. Results

Discussion group participants lamented the fact that TRICARE contracts are periodically re-competed, which results in changes in benefit administrators. Discussion group members recalled administrative difficulties associated with the change of the contract to United Health that took over operations in the TRICARE West region effective April 1, 2013.

> When activated, I was moved to TRICARE Prime. Once I returned from deployment, I was dropped from coverage on Prime during a freeze on enrollment. Due to no fault of my own, and literally because I deployed in support of my country, my family's health coverage was dropped and I cannot currently access covered medical support because I am uninsured. This could have been alleviated by simply keeping us on Prime until the freeze was over due to our extenuating circumstances. Instead, I am not currently able to be as ready to deploy as I should be due to TRICARE not taking care of it's paying customers and service members like they should. Please fix this so no other families have to endure this kind of hardship following a deployment!

[48] Available for download at www.tricare.mil/reserve

In addition, many discussion group members were uncertain about their pharmacy benefits. Selected Reserve members whose family members had previously filled prescriptions at one pharmacy chain were told that that chain no longer accepted TRICARE. As one discussion group member described:

> We've had trouble with pharmacies. I'm not sure if they [the pharmacies] have a lower number of people that use TRICARE, so don't know the process for getting paperwork filed. I had to submit a request for reimbursement directly through TRICARE due to confusion on the part of the pharmacy.

b. DoD Recommendation – No Change in TRICARE Policy/Procedure Indicated

Like most people, challenges with accessing health services remains fixed in TRICARE beneficiaries' long-term memory. TRICARE contracts are awarded for five years of full performance the year preceding transition between contract award and start of health care delivery under a following contract. UnitedHealthcare administered the TRICARE contract for one contract cycle in the West region from 2013 through December 2017, after which they were replaced by HealthNet Federal Services, a well-seasoned DoD health contractor for over three decades. Lessons learned from the UnitedHealthcare transition in 2013 were applied to the most recent transition last year.

Concurrent with the start of health care delivery under the two new contracts that went into full operation on January 1, 2018, DoD implemented the most fundamental change to the TRICARE program since it launched in 1995. TRICARE Select's replacement of TRICARE Standard/Extra is the centerpiece of the new law, and few aspects of DoD's health benefit and its MHS have gone untouched.[49] Consequently, DHA Communications launched its intensive global "Take Command" informational campaign (see www.tricare.mil).

G. Legislation

This subsection responds to the required study element regarding recommendations for legislative action to remedy or mitigate such difficulties.

1. FEHB Exclusion

a. Results

Effective October 1, 2007, Selected Reserve members who are eligible for, or enrolled in, the FEHB program are not eligible for TRS.[50] Many members who participated in the survey/discussion groups and were not eligible for TRS stated that they would prefer TRS to FEHB. They also noted that this TRS FEHB exclusion has a negative financial impact on their families:

[49] §701, NDAA for FY17.

[50] 10 U.S.C. 1076d(a)(2) as amended by §706 of the NDAA for FY07, Pub. L. No. 109-364 that was enacted October 17, 2006.

I am a federal worker [participating in FEHB], so you include my family and neither of us qualify for TRS, which I don't think is fair...I pay $525 a month for my family through FEHB, but me being a reservist, I don't qualify for the same thing the others do because of my job status…We wear the same uniform, he has a family and I have a family, but his family qualifies and I don't because I am a federal employee.

I started a job as a federal civilian roughly 2 years ago. I was extremely disappointed to learn that federal civilian employees are not eligible for TRICARE Reserve Select. I left a high paying job in the private sector to join the government work force, largely due to my desire to serve my country. Being forced to use FEHB in place of TRICARE is costing my family thousands of extra dollars per year. I still serve as a Navy Reservist and therefore I should still be entitled to TRICARE Reserve Select, like any other active reservist. I've already raised this issue with my Congressman in hopes of righting this wrong for me and many others.

I took a GS job when I got off active duty and wanted to use TRICARE select reserve but was not allowed to because I qualified for FEHB. Not being allowed to use TRICARE is a huge financial burden for my family. The burden is so great I am still contemplating quitting my GS job because the coverage they offer for children with diabetes is horrible. I should not have to quit a job because the insurance is too high; I have earned the right to purchase TRICARE Select Reserve; I should not be denied that right.

b. DoD Recommendation – None at this Time

TRS premiums are more affordable than FEHB premiums, which makes TRS more economical for these Selected Reserve members and their families. Families would find it easier to transition TRICARE upon activaton of their Selected Reserve sponsor if they had TRS member and family coverage when not activated. Having TRS would make it possible for families to establish and maintain long-term relationships with TRICARE providers uninterrupted by activation of their sponsor as long as they chose TRICARE.

Legislative action such as the following would be necessary to remove the FEHB exclusion and make TRS available to all Selected Reserve members and their families.

Amend 10 U.S.C. 1076d
by striking ''(1) Except as provided in paragraph (2), a member,''
inserting ''(1) A member;''
and by striking paragraph (2).

Such legislation could save about $266M (FY20 – FY24) due to lower DoD contribution to TRS. It is understood that the last Congress had an interest in such legislation but encountered challenges with legislative "pay-go" rules.

2. Inclusion of Family Members to Age 26

a. Results

Discussion group participants felt that TRICARE products should cover their family members until age 26, as allowed under the Affordable Care Act:

> I have a daughter who's 22 and I have to prove that my daughter is a student, but for Affordable Care Act anyone can stay on until they're 26. So is TRICARE exempt from that?...Are they exempt from the law?

b. DoD Recommendation – No Legislative Action Requested

The Affordable Care Act did not amend the law for TRICARE. DoD later implemented legislation that offered TYA coverage of qualified young adults up to age 26 for purchase by qualified Service member sponsors. RC sponsors holding TRS or TRR coverage, as well as RC members on active duty greater than 30 days, qualify for this benefit. TYA offers TRICARE Prime and Select coverage, depending upon their TRICARE sponsor's status. As mentioned earlier, TRICARE Select coverage replaced TRICARE Standard/Extra in 2018.

H. Other Matters Relevant to the Assessment

This subsection responds to the required study element regarding such other matters as the Secretary determines relevant to the assessment.

1. New TRICARE Select Enrollment Requirements

Effective January 1, 2018, affirmative enrollment is necessary for both TRICARE Select and TRICARE Prime, with three exceptions. First, families of new entrants to the military are automatically enrolled to TRICARE Prime if they live in a PSA; otherwise, they are automatically enrolled to TRICARE Select. Second, additions to a family will automatically be enrolled to TRICARE Prime if at least one other family member is enrolled in Prime; otherwise, he or she will automatically be enrolled to TRICARE Select. The third exception is for family members of RC members who are called or ordered to active duty for greater than 30 days; the same automatic enrollment rules apply.

Retiring Service members, active and reserve, must take action to enroll into either TRICARE Prime (if locally available) or TRICARE Select (available worldwide) if they want TRICARE purchased care coverage; otherwise, they will only be entitled to MTF care on a space-available basis.

Education on the need to enroll is a key message of DHA's current "Take Command" informational campaign. Additionally, DHA is reaching out to the Service personnel community to include this important message at key touch points during the retirement process, both active and reserve.

2. New Benefits

DoD believes that RC members will be very pleased with the changes that the TRICARE Select cost-sharing structures bring to TRS once they become accustomed to it. Similarly, DoD believes that TRS members will be grateful for the ability to purchase a comprehensive vision plan for 2019 from Federal Employees Dental and Vision Insurance Program (FEDVIP) sponsored by OPM.

V. §712(a) – Continuity of Health Care Coverage for Selected Reserve When Not Activated

This section of the report addresses §712(a), which requires DoD to "conduct a study of options for providing health care coverage that improves the continuity of health care provided to current and former members of the Selected Reserve of the Ready Reserve who are not:

(A) Serving on Active Duty;

(B) Eligible for the Transitional Assistance Management Program under section 1145 of title 10, United States Code [U.S.C.]; or

(C) Eligible for the Federal Employees Health Benefit [FEHB] program.

In particular, Section V addresses the following elements as specified by Congress:

(A) Whether to allow current and former members of the Selected Reserve to participate in the FEHB program.

(B) Whether to pay a stipend to current and former members to continue coverage in a health plan obtained by the member.

(C) Whether to allow current and [certain] former members to participate in the TRICARE program under section 1076d of Title 10, U.S.C.[51, 52]

(D) Whether to amend section 1076f of Title 10, U.S.C., as added by section 711, to require the extension of TRICARE program coverage for members of the National Guard assigned to Homeland Response Force Units mobilized for a State emergency pursuant to chapter 9 of Title 32, U.S.C.

(E) The findings and recommendations under section 748.

(F) Any other options for providing health care coverage to current and former members of the Selected Reserve the Secretary considers appropriate.

This section of the report addresses the overall results of the three health coverage options specifically identified in the legislation, along with the elements listed above. They are discussed out of order from the box above, starting with continued participation in TRS. This is so the TRS premium rates can be used in the illustrations for the following element, a stipend referred to as Basic Allowance for Health Care (BAHC) (linked to drill pay), a term introduced by the Military Compensation and Retirement Modernization commission.

[51] 10 U.S.C. 1076d, as amended by §701 of the NDAA for FY13 temporarily offers six months of extended TRS coverage to former Selected Reserve members who were involuntarily separated from the Selected Reserve under other than adverse conditions. This authority expired December 31, 2018, and was not renewed by legislation.

[52] 10 U.S.C. 1076d was implemented under 32 C.F.R. 199.24 as TRICARE Reserve Select.

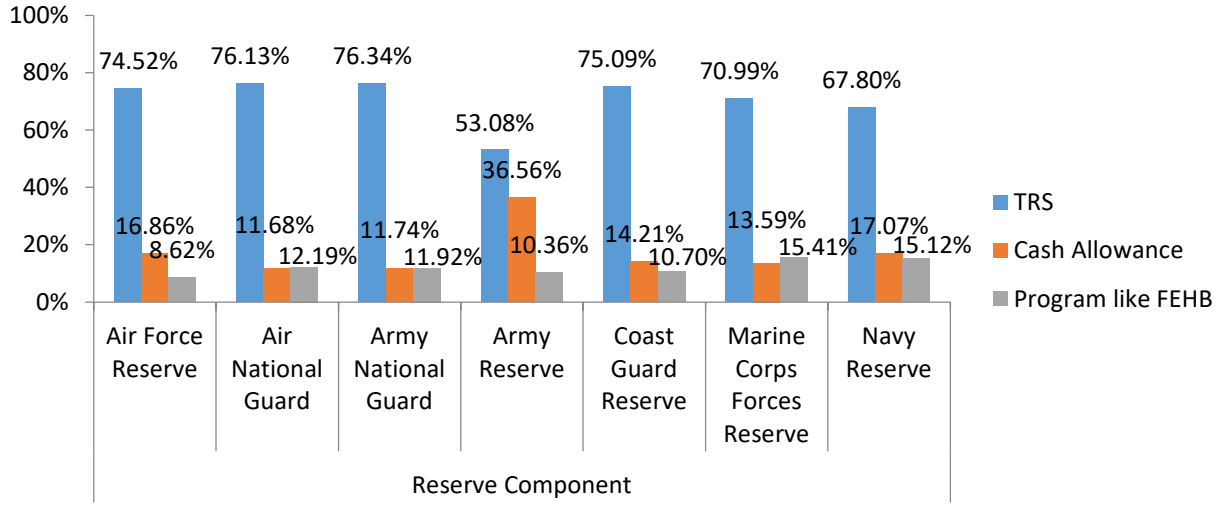
Survey respondents and discussion group participants were asked about their health care preferences for the future (question 24 in *Appendix C – Survey Instrument,* p. 110). If given only one choice of the three financial assistance options in Table 13 below, the majority of survey respondents and discussion group participants preferred to maintain TRS (Table 13 reflects only the survey results).

Table 13 – Selected Reserve Preferences of Coverage Options When Not Activated

Options	Selected Reserve	95% Confidence Interval
Continue TRS	**68.85%**	56.42 % - 79.05%
Cash allowance (linked to my drill participation)	19.49%	9.82 % - 34.98%
Enrollment in a health plan of my choice under a program like the Federal Employees Health Benefits (FEHB) program	11.66%	7.95% - 16.79%

Across RCs, over two-thirds of survey respondents preferred for the Federal government to continue to offer TRS. However, the proportion of respondents who preferred a cash allowance (linked to drill pay) (see Section V.B.2, *Results – Basic Allowance for Health Care,* p. 63) or access to FEHB (see Section V.C.2, *Results – Federal Employees Health Benefit Program,* p. 67) varied by RC (see Figure 7).

Figure 7 – Preferred Selected Reserve Health Coverage Options, by RC

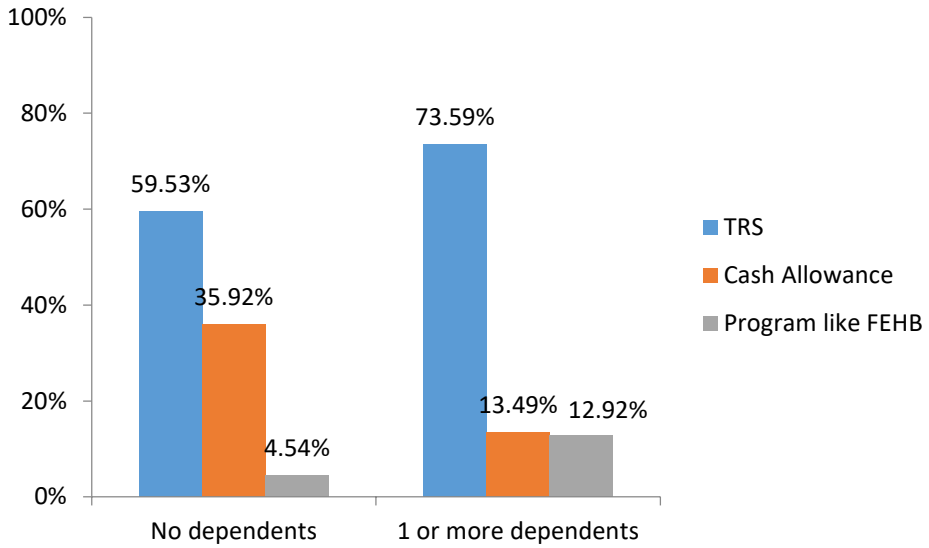


While the overall preference for TRS was just over two-thirds (68.85%), Figure 8 below shows it rose to almost three-quarters among those with families (73.59%).

Still, a strong three-fifths majority of those without families preferred TRS (59.53%).

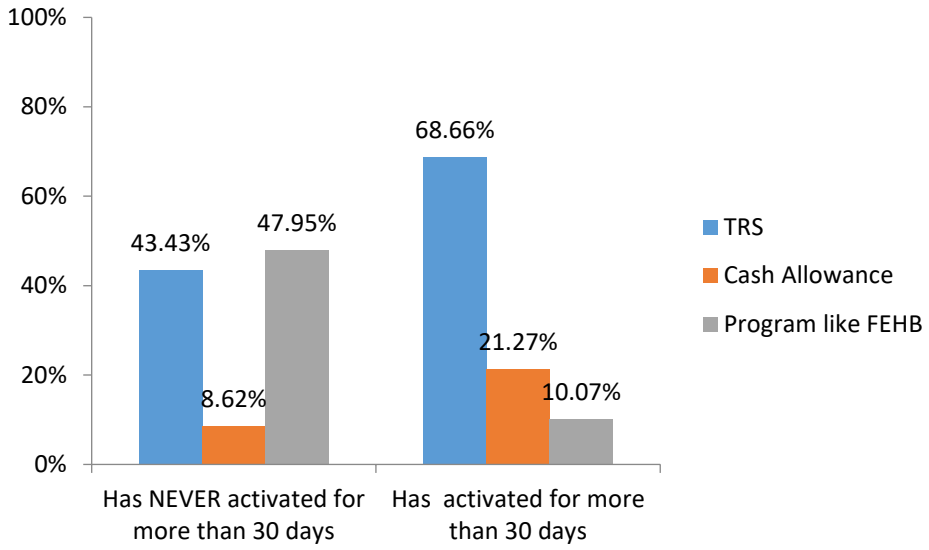
It is notable that those without eligible family members were more likely to prefer the cash option (35.92%) than those with families (13.49%).

Figure 8 – Preferred Selected Reserve Health Coverage Options, by Number of Family Members



Additionally, the data for this question were broken out by activation experience (i.e., those who have never been activated for more than 30 days versus those who have been activated at least once for more than 30 days). This revealed that respondents who had never been activated for more than 30 days were almost five times more likely to prefer a program similar to FEHB (47.95 percent versus 10.07 percent). See Figure 9 below.

Figure 9 – Preferred Selected Reserve Health Coverage Options, by Activation Experience



As discussed below under Section V.B, *Option – Basic Allowance for Health Care*, p. 61, continuity of care for RC members themselves has never been a significant issue when transitioning into active duty and while activated. RC members are subject to DoD care and bear zero out-of-pocket expense for that care; this is both a benefit and a readiness tool. This study is concerned with continuity of care for family members when their Selected Reserve member sponsor goes on active duty. As illustrated in Figure 8, many more Selected Reserve members without a family (35.92 percent) are in favor of a cash allowance, BAHC, than those with a family (13.49 percent). A BAHC would offer no value when there is no family. Those with families heavily support Congress continuing TRS (73.59 percent). Similarly, those who have been activated also prefer TRS (68.66 percent) to BAHC (21.27 percent) and FEHB (10.07 percent).

A. Option – TRICARE Reserve Select

1. Description – TRICARE Reserve Select

Families with TRS family coverage can experience smoother transitions into premium-free TRICARE when their Selected Reserve sponsor is activated (for more than 30 days), especially when they transition from TRS into what is now TRICARE Select (formerly TRICARE Standard/Extra). They gain premium-free TRICARE and can often continue to see their same TRICARE and MTF providers if they have TRICARE Select. However, if they enroll in an available TRICARE Prime program, then they accept Prime program terms and conditions. These terms and conditions include assignment to a Primary Care Manager (PCM), most likely at the MTF, and require referrals for specialty care (MTF preferred). TRICARE Prime enrollees who purchase TRS after deactivation revert to TRICARE Select coverage.[53]

[53] TRICARE Select in 2018.

Despite its advantages, TRS benefits are only realized by those who enroll and pay the premiums. Selected Reserve members who choose another health plan for their families (e.g., employer-sponsored coverage or the Affordable Care Act marketplace) receive no comprehensive health benefit from DoD and might experience transition challenges. TRS actual cost for FY16 was $559,420,000.00 and was estimated at $578,394,000.00 for FY17.

2. Results – TRICARE Reserve Select

Over two-thirds of survey respondents (almost three quarters of those with families) and the majority of discussion group participants preferred to maintain TRS (see the opening to this section, V., beginning on p. 56 for detailed results and commentary, including Table 13). Survey and discussion group participants consistently identified TRS as an incentive to join and remain in the Selected Reserve, as well as the best of the three options presented to them through this study. When asked their preferences, discussion group participants said the following about TRS.

> When everything is good, it's fantastic…that's why I'll never go to my civilian insurance, which is three times the price with a higher deductible….so I love TRICARE.
>
> I still feel like TRICARE Reserve Select is the best option.
>
> I don't even like the fact that you're asking this question; it means that they're looking to cut costs. If I'm looking at it right now, it'd have to be 1, keep TRICARE [Reserve Select] as it is, just make some [administrative] adjustments. I don't even know what I'd do if they got rid of TRICARE [Reserve Select].
>
> If they got rid of TRS, I don't know what I'd do…I love serving my country, but would it be worth it to spend that time away from my family? One of the biggest draws is the coverage. It's not the money. If you calculated our hourly, it'd be sad. So it's not that, but it's the retirement and the benefits down the road.
>
> I have had TRS since it came out and there have been hiccups, but for the most part, I don't think you will find another insurance out there for the price and the coverage. With Reserve Select you get an 80-20 with a catastrophic cap of $1000. There have been years I would have had to pay a lot more than that with civilian insurance. It has covered all three of my kids.
>
> I'd keep it. I've looked at other plans. For anywhere near the coverage it offers, it's easily 4-5 times as much, so I'll take the issues and it is what it is.
>
> The disadvantage is TRICARE [Reserve Select] is a relative lack of choice. The advantage is the cost. I think that the services that we receive are good, especially given the cost.
>
> The insurance is great, the copays are awesome. It's the hiccups and headaches getting on and off. I have friends who are joining just for the insurance.

I had a non-TRICARE health plan years ago and after three transitions determined it was a train wreck. So TRICARE [Reserve Select] only now.

Cancelling insurance coverage provided by my civilian employer and utilizing the free TRICARE [Reserve Select] was a huge financial savings for my family while I was mobilized. In our case, my family did not have to change doctors so there was virtually no impact for my family when using the TRICARE [Reserve Select] benefit. We liked TRICARE [Reserve Select] so much that once my active duty benefit expired, we switched to the TRICARE Reserve [Select] program and still use it today. Insurance through the Reserves is one of the reasons I am continuing to serve even though I am now entering my 21st year of service and eligible for retirement.

TRICARE Reserve Select is one of the most tangible benefits I have ever received on active duty or reserves. It is probably one of the top three reasons I have continued my service in the SMCR [Selected Reserve of the Marine Corps], and leaves my family and I feeling like we are well taken care of by the DoD. Thank you!

3. Recommendation – DoD Supports Continuing TRS

Based on survey and discussion group results, TRS receives significant support. It provides comprehensive health care coverage at affordable rates and Selected Reserve members consider it a major benefit. It also provides the means by which Selected Reserve members without access to employer-sponsored coverage can remain medically ready. DoD recommends keeping TRS.

B. Option – Basic Allowance for Health Care

1. Description – Basic Allowance for Health Care

Under the current system, family members of the RC community who maintain OHI when their RC sponsor is not activated often find themselves out of the OHI and shifting to premium-free TRICARE coverage when their RC sponsor is called or ordered to active duty for greater than 30 days. In some instances, family members may need to change health care providers when this transition occurs.[54] DoD could assist RC sponsors in maintaining continuity of coverage and continuity of individual providers for the family if the RC sponsor were to be offered a cash allowance (linked to drill pay) to enable the family to continue using their other health insurance coverage when their RC sponsor is activated.

Section 712(a) suggests that an alternative could be to repeal TRS (health plan benefit) and instead offer an allowance (cash benefit) to all Selected Reserve members. This allowance

[54] The extent of the problem for continuity of care for family members is the focus of the previous major section of this report.

could be used toward premium costs of a health plan of their choice from sources personally available to them, such as their employers or an Affordable Care Act marketplace. The MCRMC is credited with developing the notion of a BAHC.[55] An RC BAHC alternative could expand health benefits to the total Selected Reserve force beyond the 25 percent of qualified Selected Reserve members who currently invest in TRS.

The BAHC could be structured so that the total cost to DoD is similar to its current outlay for TRS (i.e. budget neutral). To illustrate (Table 14), TRS costs DoD $164.61 monthly for each TRS single plan and $569.26 monthly for each TRS family plan. If DoD were to spread that amount across all eligible Selected Reserve members (divide by 4), each Selected Reserve member (not activated) without family members could earn a BAHC of $29.63 monthly (4 drills), and each Selected Reserve member with family members could earn a BAHC of $142.32 monthly (4 drills). The new benefit would positively impact four times as many Selected Reserve members who benefit from TRS.

Table 14 - Possible BAHC Illustration - 2018 Rates

Avg. employer plan all plan types	**monthly worker**	**annual worker**	**annual employer**	**annual total**	**effective worker cost (pre-tax) [a]**
single (18% worker)	$ 101.08	$ 1,213	$ 5,477	$ 6,690	$ 910
family (31% worker)	$ 476.17	$ 5,714	$ 13,049	$ 18,763	$ 4,286
Source: 2017 KFF/HRET annual survey, employer-sponsored health benefits, www.kff.org a. pre-tax cost estimated by subtracting 25%					
TRS 2018	**member 28%**	**DoD 72%**	**monthly total**	**annual total**	
Member-only	$ 46.09	$ 118.52	$ 164.61	$ 1,975.32	
Member & family	$ 221.38	$ 569.26	$ 790.64	$ 9,487.68	
Source: www.tricare.mil/trs					
2018 BAHC not activated	**1 drill**	**4 drills**			
Member w/o family	$ 7.41	$ 29.63			
Member w/ family	$ 35.58	$ 142.32			
	calculated at ¼ of DoD monthly cost				
2018 BAHC activated	**monthly**	**annual**			
Member w/o family	N/A	N/A			
Member w/ family	$ 626.03	$ 7,512.36			
	calculated as TRS family total minus TRS member-only total				

[55] www.mcrmc-research.us (may no longer be an active website). Also available at http://dodreform.com/wp-content/uploads/2017/07/MCRMC-2015-Final-Report.pdf

While BAHC would help to defray the cost, it is doubtful that it would fully cover the Selected Reserve members' portion of their civilian premiums (see the average costs of employer-sponsored health plans in the top section of Table 14, pulled from the 19th annual survey of private and non-Federal public employers conducted by the Kaiser Family Foundation and the Health Research & Educational Trust (KFF/HRET), a widely recognized and cited source[56]). It is likely that those currently using TRS would see an increase in out-of-pocket healthcare costs (both premiums and cost-sharing), but those who currently use civilian insurance would see a reduction in out-of-pocket premium costs.[57]

Members would have to demonstrate proof of coverage to get the BAHC. While a BAHC election would impose a lock-out from TRICARE to include MTF care and MTF pharmacy, it has the potential to preserve continuity of care when a family's Selected Reserve sponsor transitions onto active duty.

Upon activation, Selected Reserve members would gain health care coverage at full DoD expense with direct care (MTF and unit medical) as well as the Supplemental Health Care Program (SHCP), as they have always done. Since a Selected Reserve member does not have the option to stay on the coverage he or she had when not activated, a member with no family members would not get a BAHC when activated. In most situations, the Selected Reserve member will be assigned to a duty station beyond a normal commuting distance from his or her home while activated, and therefore will need to change providers. Even TRS members who are called or ordered to duty within normal commuting distance from their homes are likely to change primary care providers at a minimum.

However, an activated Selected Reserve member with a family would have a choice. The Selected Reserve sponsor could elect (a) to continue BAHC when activated in order to continue civilian family coverage (accepting the cost offset); or (b) to accept TRICARE, currently TRICARE Prime with cost-sharing only for civilian pharmacy or TRICARE Select with applicable cost-sharing. The BAHC during the activation period could be increased to account for the larger cost that DoD currently assumes during an activation. For illustration purposes (Table 14), the maximum BAHC could be estimated as the amount that does not exceed the TRS full family premium ($790.64 in 2018) minus the TRS member-only full premium ($164.61). The resulting 2018 BAHC would be $626.03 monthly ($7,512.36 annually). Sponsors with families could be eligible for the BAHC (vice TRICARE) when the Selected Reserve sponsor is called or ordered to active duty for more than 30 days but less than two years. The election of BAHC or TRICARE would be a one-time event per activation, unless the other health insurance is lost during that period.

2. Results – Basic Allowance for Health Care

Although some discussion group participants were curious about the BAHC option, most expressed concern that the amount would likely not be sufficient to cover their health care needs

[56] www.kff.org

[57] This BAHC may be viewed as inequitable to Selected Reserve families that may not have an option.

adequately. Many also worried that personnel would not reserve the BAHC unless it was somehow mandated.

> I would be curious how much they would pay. It would be interesting how much they gave you.
>
> I think that I would prefer the TRICARE to the allowance, because it would cover more.
>
> If the cash allowance doesn't keep up with rising costs, you'd be stuck paying these huge premiums; it's not worth it.
>
> The only thing appealing [about this option] is the cash, but might not cover anything.
>
> Yeah, you could pick your plan and provider, but I could see them not putting the amount to what it needs to be.
>
> That [the cash allowance] means there will be people who can afford getting care, and others who just can't afford it.
>
> It would be extremely problematic if it was not mandated that you had to use it for health care.
>
> Would not want the cash allowance because the families would take it and use it for more immediate necessities. [Healthcare costs] would have to weigh out the critical things a family needs.
>
> I think cash allowance might be a bad idea. A lot of Marines see money and will just spend it.
>
> If the goal of TRS is to ensure readiness, that's not enough. They're going to blow off the cash. If it's $500, and it's not enough to cover it all, they're going to blow it off and run naked. They're going to be not ready to deploy.

3. Recommendation – DoD Does Not Support Creating a BAHC

There are significant issues with establishing a BAHC, many of which were highlighted in survey and discussion group results.

First, the amount of BAHC either would increase DoD's cost significantly or would be insufficient for most Selected Reserve members to maintain coverage. For those who are not activated, the BAHC, when determined by cost neutrality of today's benefit cost, would be insufficient even for the employee's share of health insurance. For those without access to employer-based health insurance, the allowance would be insufficient to cover the full cost of insurance and would result in a significant increase in out-of-pocket costs compared to TRS. Those who rely on TRS now would consider it a devaluation of their benefit. For those who are

activated, the resulting BAHC would likely not be enough to cover the cost of their employer-sponsored insurance if they had to pay the entire premium with no employer contribution. Those family members would likely choose to transition into TRICARE. The one exception might be Selected Reserve households in which the non-RC spouse is the health insurance policyholder for the family. In that case, BAHC would be a windfall, because they would have continued their civilian family coverage anyway.

Second, a cash allowance would likely be seen as an increase in pay that could be used for any purpose. Because health care costs vary significantly over time, a Selected Reserve member who uses this new source of income for non-health-care expenses might be unable to pay for health care when the need arises.

Finally, a BAHC would accomplish little to increase the readiness of the Selected Reserve member and could result in a less ready force if Selected Reserve members forgo treatment.

DoD does not recommend that Congress create a BAHC program.

C. Option – Federal Employees Health Benefit Program

1. Description – Federal Employees Health Benefit Program

Section 712(a) suggests that an alternative could be to repeal TRS and offer Selected Reserve members the opportunity to choose among a variety of health plans under a program modeled after the FEHB program. The pilot, as provided in §712(b), would vary significantly from the FEHB program as is currently operated by OPM.

- The §712(b) pilot program as enacted does not include pharmaceutical benefits. Presumably, pilot participants would revert to programs under chapter 55 of Title 10, U.S.C., for pharmaceutical benefits.

- MTFs could contract with pilot program carriers to provide carrier-covered services to pilot participants on a fully reimbursable basis (i.e., plans would pay MTFs for care received by pilot participants).

- A plan would drop the Selected Reserve member from pilot coverage during any period in which the member was in active service for more than 30 days, but pilot coverage would continue uninterrupted for any family member on the plan (and premiums would need to adjust accordingly). Presumably the activated member/sponsor would gain (revert to) coverage in programs under chapter 55 of Title 10, U.S.C.

- Premiums payable by the Selected Reserve sponsor would be exactly 28 percent of the particular health plan in which the member enrolled (rather than the weighted average approach used by the current FEHB program, which establishes an upper

limit of 75 percent to the government's share of the premium for any particular plan).[58]

The resulting program would be significantly different from the legacy FEHB program with its annually posted premiums. A separate program for the pilot would mean a separate risk pool for DoD beneficiaries that would account for demographic differences between the pilot population and the legacy FEHB program population. While this could substantially lower premiums compared to the legacy FEHB program, it is more than likely that the resulting premium would still be considerably higher than current TRS premiums.

Additionally, it is uncertain whether there would be enough demand for these pilot products to establish a viable risk pool. In any given region, limited numbers of Selected Reserve members exist and historical experiences have shown that few DoD beneficiaries choose to participate in such pilot FEHB programs. OPM could have difficulty attracting carriers to compete for such a small population, leaving the Selected Reserve population with a more narrow set of choices, most likely limited to nationwide plans. Despite these reservations, DoD had very preliminary discussions with OPM regarding the feasibility and advisability of a limited pilot, and OPM had the same concerns as DoD with the particular provisions of §712(a). While a pilot could give insight into carrier and members' interest, these new provisions are unlikely a fair test.

The OPM-operated FEHB program is the largest employer-sponsored group health insurance program in the world, covering over 8 million Federal employees, retirees, former employees, family members, former spouses, and other certain individuals.[59] Historically, it has been regarded as a model employer-sponsored group health insurance program. The FEHB program became effective in 1960.[60] It is governed by law under chapter 89 of title 5, U.S.C., and implemented under the Code of Federal Regulations in part 890 of title 5 and chapter 16 of title 48. OPM administers the program through "evergreen" (perpetual) contracts that are subject to premium rate negotiations each year. The FEHB handbook provides the program policies and procedures. Strategic direction to the potential carriers is provided through an annual call letter and technical guidance, supplemented by specific carrier letters.[61]

The FEHB program offers a choice of nationwide plans, as well as regional plans that are available by locality. The various health plans offered under the program operate under the plan brochures submitted annually to OPM for acceptance for the coming year. Carrier brochures accepted by OPM are, in essence, considered to be contractually binding. Plan types include health maintenance organizations, fee-for-service plans, preferred provider organizations, and consumer-driven health plans. All plans must offer comprehensive coverage (i.e., meet or exceed the Affordable Care Act requirements for minimum essential coverage), but carriers

[58] 5 U.S.C. 8906.

[59] www.opm.gov/healthcare-insurance/healthcare/reference-materials/fehb-handbook

[60] Pub. L. No. 86-382, enacted September 28, 1959.

[61] www.opm.gov/healthcare-insurance/healthcare/carriers/#url=Carrier-Letters

compete for eligible subscribers on price, networks, additional covered benefits, delivery system design, quality, and satisfaction.

For full-time employees, federal agencies contribute 72 percent of the weighted average of premium costs for the FEHB plans offered in a particular year. However, the government contribution cannot exceed 75 percent of the subscription charge.[62] For non-postal family plans offered in calendar year 2018, the federal agencies paid up to $13,561.08 annually ($1,130.99 monthly) toward the total cost of the premium, not to exceed 75 percent of the total cost of the premium for a particular carrier plan. Subscribers who enroll into plans with above average premium costs are responsible for the excess premium costs.[63]

One variation from the §712(b) provisions could be a pilot allowing Selected Reserve members to join the established FEHB program, with DoD providing a subsidy equivalent to the amount that federal agencies contribute to the premium cost of each carrier plan. This would give Selected Reserve members the choice of any FEHB plan to meet their individual household's needs and preferences. Again, beneficiary out-of-pocket expenses for both premiums and cost-sharing in addition to Department costs would likely be substantially higher when compared to TRS.

2. Results – Federal Employees Health Benefit Program

Some discussion group participants were curious about how a program like the FEHB program would work. Many felt that an FEHB-like program would offer more choice but with a higher cost to them. For most, the affordability of TRS was more important than the greater provider choice that might be afforded to them through a program like the FEHB program. Many discussion group participants who fall under the FEHB-exclusion rule indicated that they would prefer TRS to FEHB coverage.

> I don't know how expensive those plans are. I have had no dealings with them. Are they more expensive?
>
> The advantage is being able to choose what fits that person better. The disadvantage is that prices are higher.
>
> Premium going up sucks, but if you have more options so that's good. I live in the cornfield so more choices is good.
>
> There's more selection with the FEHB program [both in terms of plan providers and types of plans]. You can go low-deductible plans, versus high. You can choose BCBS or URM. The costs are not anywhere as high on the external market, but they are still more than TRICARE [Reserve Select].

[62] 5 U.S.C. 8906.

[63] www.opm.gov/healthcare-insurance/healthcare/plan-information/premiums

There are a lot of doctors that will take TRICARE Select but not Prime. If I could, I would take the TRICARE benefits. With certain illnesses or conditions that are chronic, you need the better, more consistent care. Even with the reduced cost that the government pays, FEHB still gets a good deal, but it is not as good as TRICARE Reserve Select. There are higher caps, but my premiums are a lot more expensive. If I could, I would prefer TRICARE Select.

3. Recommendation – None at this Time

Creating an FEHB-styled DoD program would involve significant issues, many of which were highlighted in the survey and discussion group results.

First, our analysis indicates that premiums under an FEHB model would be significantly higher than those under TRS for most plans, even after adjusting for the demographics of the younger Reserve population without adding cost to the government. As indicated by the responses to the survey and discussion groups, added cost may be offset somewhat by greater choice, but for many the lower cost would still be preferable. For comparison, see the CY 2019 premium costs for both TRS and FEHB (unadjusted) in Table 15 below that were just released in fall 2018. The maximum government contribution for FEHB self-coverage is 4½ times (4.53) DoD's cost for TRS member-only coverage. The maximum government contribution for FEHB family coverage is double (2.03) DoD's cost for TRS member and family coverage, It is doubtful that any adjustment for the demographics of the younger Reserve population could sufficiently make up the difference to avoid adding cost to the government.

Table 15 – 2019 Premium Rate Comparison, FEHB and TRS

2019 FEHB	Average Employee Premium Cost	Maximum Govt. Contribution	Average Total Premium
Self	$ 2,327.52	$ 5,984.64	$ 8,312.16
Self plus one	$ 4,977.36	$ 12,799.08	$ 17,776.44
Family	$ 5,311.56	$ 13,658.28	$ 18,969.84

Source: www.opm.gov/healthcare-insurance/healthcare/plan-information/premiums retrieved November 13, 2018.[64]

2019 TRS	TRS Member Premium Cost	DoD Premium Cost	Total Premium
Member-only	$ 513.96	$ 1,321.61	$ 1,835.57
Member & family	$ 2,616.12	$ 6,727.17	$ 9,343.29

Source: www.tricare.mil/trs retrieved November 13, 2018.[65]

Second, out-of-pocket costs beyond the premiums for most FEHB plans are significantly higher. Deductibles, copays, and especially catastrophic limits are, for the most part, substantially higher than TRS.

Finally, while FEHB offers a number of carriers and plans in most areas, it is unclear that a program tailored specifically to the Selected Reserve population would support the same number of plan choices. Selected Reserve members might still end up in some areas limited to one or two choices.

DoD is finding it very challenging to identify a cost-effective construct/pilot to evaluate.

D. Coverage by TRICARE for Member/Families during State National Guard Duty

DoD is in the process of implementing 10 U.S.C. 1076f as added by §711 of the NDAA for FY17. If a National Guard member who is already receiving premium-free TRICARE due to being on full-time National Guard Duty is placed on State Active Duty orders under Title 32 for disaster response, then the State/Territory may request extension of TRICARE coverage for the member and family on a fully reimbursable basis.[66] DHA is grateful to the National Guard Bureau and DMDC for their partnership in implementing this benefit in 2018. Offering this to

[64] "For 2019, the … monthly program-wide weighted average subscription charges for self only, self plus one, and self and family enrollments $692.68, $1,481.37, and $1,580.82 respectively.

The 2019 … monthly Maximum Government Contribution (72% of the weighted average) is $498.72 self, $1,066.59 self plus one, $1,138.19 family."

[65] The TRICARE website lists 2019 TRS premium rates as $42.83/month for TRS Member only coverage and $218.01/month for TRS Member + Family coverage.

[66] Active duty for operational support, state Active Guard/Reserve (AGR), active duty under 32 U.S.C. 502(f).

the 54 National Guard states and territories on a fully reimbursable basis preserves the integrity of state responsibility for costs of state active duty.

E. Findings and Recommendations under §748(a)

See Section IV, *§748(a) – Family Transition to TRICARE upon RC Sponsor's Activation*, p. 31, of this report.

F. Other Health Care Coverage Options Considered for the Selected Reserve

1. Offer Choice of All Three Options

a. Observation

See the opening to this section, V., beginning on p. 56 for detailed survey results and commentary, including Table 13, as well as the above subsections V.A, V.B, and V.C. Discussion groups and Military Service Organizations (MSOs) suggested that they would prefer more coverage options than what is already offered. When it comes to the coverage options outlined in §712(a), it is not surprising that they would prefer for Congress and DoD to offer all three options (i.e., TRS, cash allowance (i.e. BAHC), and participation in FEHB).

b. Commentary

Of the options presented to Selected Reserve members during the discussion groups, many expressed overall satisfaction with their TRS coverage (see V.A, *Option – TRICARE Reserve Select*, p. 59). Selected Reserve members who were disqualified or ineligible from purchasing TRS coverage due to being eligible for, or enrolled in, FEHB preferred to be able to purchase TRS coverage rather than having FEHB coverage, primarily due to the difference in monthly premium costs (see Section V.A, *Option – TRICARE Reserve Select*, p. 59). Some Selected Reserve members shared concerns with providing a cash allowance towards health care costs, including concerns that Selected Reserve members might be tempted to use the cash benefit for purposes other than paying monthly health care premiums (see Section V.B, *Option – Basic Allowance for Health Care*, p. 61). This could lead to an unintended adverse impact on individual medical readiness. Participation in FEHB coverage did not appear to be a favorable option for Selected Reserve members, especially due to higher anticipated monthly premium costs (see V.C, *Option – Federal Employees Health Benefit Program*, p. 65).

2. Different Premiums for Member plus One Family Member

a. Observation

A few discussion group participants mentioned wanting TRICARE to offer more plan options based on the number of people needing coverage. Instead of only offering plans that cover the member only or the member plus family, discussion group participants also felt an additional plan should be available to the member plus one family member.

> I understand that TRS is way less than my company's [insurance] is, but the insurance offered from my employer offers a discount if you're only an adult and a dependent. So there's a difference between being just a self and a whole family plan. So I don't know if that's something they'd look into without raising the cost of where it is now.

b. Commentary

While DoD might not object, Congress and DoD might hear an outcry from families with more than one family member. Higher premiums could be perceived as discriminatory to families of more than two members.

3. Enrollment in a Single Health Insurance Program on and off Active Duty

a. Observation

Discussion group participants suggested that transitions on and off active duty would be easier if they could enroll in a single health care program, with the only difference being the amount of premiums that they pay.

> When activated I would like to option to continue to pay for TRICARE Reserve Select. My husband and children are used to their regular doctor and the ease of using Reserve Select and I as the member would also like to keep it and not have to get referrals to doctors that I already see on a regular basis but now that I am activated for 39 days I have to either cancel a regular appointment with my doctor and wait till I come off orders to see him or try to get an appointment with my active duty Primary care doctor and get a referral and that takes 3 weeks. Reserve select works great for my family, and I would like an option to stay on it and I will gladly pay the costs with it.
>
> It'd be easier if we were all on one system so that we could go back and forth.

b. Commentary

TRICARE Select is the universal single TRICARE health plan. Many beneficiaries do not understand that they do not have to enroll in TRICARE Prime when their RC sponsors are activated.

VI. Glossary

A. Acronyms and Symbols

§	section
ADT	active duty for training
AGR	active guard/reserve
ANG	Air National Guard
ARNG	Army National Guard
AT	annual training
BAHC	basic allowance for health care
BWE	beneficiary web enrollment
CHCBP	Continued Health Care Benefits Program
CI	confidence interval
CMAC	CHAMPUS Maximum Allowable Charge
CNA	Center for Naval Analyses
DEERS	Defense Enrollment Eligibility Reporting System
DHA	Defense Health Agency
DMDC	Defense Manpower Data Center
DoD	Department of Defense
EFMP	Exceptional Family Member Program
EFT	electronic funds transfer
FEDVIP	Federal Employees Dental and Vision Insurance Program
FEHB	Federal Employees Health Benefits
FY	Federal Fiscal Year
GAO	Government Accountability Office
HRET	Health Research & Educational Trust
HRPP	Human Research Protection Office
IDT	inactive duty training
ING	inactive National Guard
IRR	inactive Ready Reserve
KFF	Kaiser Family Foundation
MCRMC	Military Compensation and Retirement Modernization Commission
MCSC	managed care support contract
MHS	Military Health System

MTF	military treatment facility
NDAA for FY17	National Defense Authorization Act for Federal Fiscal Year 2017
OB/GYN	obstetrics and gynecology
OHI	other health insurance
ONR	Office of Naval Research
OPM	U. S. Office of Personnel Management
OPA	DoD Office of People Analytics, Defense Research, Surveys, and Statistics Center
POC	point of contact
PSA	Prime Service Area
RC	reserve component
RCC	recurring credit card [transaction]
ROA	Reserve Officers Association
ROFR	right of first refusal
SHCP	Supplemental Health Care Program
SOFS-RC	Status of Forces Survey – Reserve Component
SME	subject matter expert
TAMP	Transitional Assistance Management Program
TPRADFM	TRICARE Prime Remote for active duty family members
TRR	TRICARE Retired Reserve
TRS	TRICARE Reserve Select
TYA	TRICARE Young Adult
USAFR	US Air Force Reserve
USAR	US Army Reserve
USCGR	US Coast Guard Reserve
USMCR	US Marine Corps Reserve
USNR	US Navy Reserve

B. Definitions

BAHC. Cash benefit that could be applied toward premium costs of a health plan of individual's choosing.

CNA. A federally-funded research and development center.

Contingency Operation. An operation in which members of the armed forces are or may become involved in military actions against an enemy of the United States or against an opposing military force, or an operation that results in the call to active duty of members of the uniformed

services under any applicable provision of law during a war or national emergency declared by the President or Congress.[67] Examples of contingency operations include Operations Enduring Freedom and Iraqi Freedom.

DEERS. The DoD computerized database that houses information on uniformed Service members and their family members.

FEHB program. Health insurance program for federal employees, retirees, and their survivors, which includes an array of health insurance options. Geographic areas defined by a set of five-digit zip codes—usually within an approximate 40-mile radius of a military inpatient treatment facility—that have civilian provider networks.[68]

NDAA for FY17. Enacted December 23, 2017, as Public Law No. 114-328.

Selected Reserve. Within the Ready Reserve of each of the RCs, there is a Selected Reserve. The Selected Reserve has annual requirements for drill participation (inactive duty training (IDT)) and active duty for training (ADT), some that may be referred to as annual training (AT). Selected Reserve members are the most readily available for call-up to active duty.[69]

Section 712. (NDAA for FY17.) Continuity of health coverage for RCs: Requires Secretary of Defense to conduct a study of options for providing health care coverage that improves the continuity of health care provided to current and former members of the Selected Reserve of the Ready Reserve who are not on active duty, eligible for TAMP, or eligible for the FEHB program.

Section 748. (NDAA for FY17.) Requires Secretary of Defense to complete an assessment of transition to TRICARE program by families of members of reserve components called to active duty and elimination of certain charges for such families.

TAMP. A TRICARE program that provides 180 days of transitional TRICARE coverage for Service members following deactivation.

TRS. A premium-based TRICARE health plan available for purchase by qualified Selected Reserve members for themselves and their families.[70]

[67] 10 U.S.C 101(a)(13)
[68] 5 U.S.C. chapter 89
[69] 10 U.S.C 10143
[70] 10 U.S.C. 1076d

Appendix A – Literature Review

A. Overview of Selected Reserve

The Ready Reserve is one of three broad categories of RCs, and DoD's primary source of personnel to augment the active forces for military contingency operations and wartime.[71] The Selected Reserve—the focus of this study—is the largest of the Ready Reserve organizations, with authorized strength as of September 20, 2017, reported to be 820,000, divided among seven RCs (see Table 16 below).[72]

Table 16 – Selected Reserve Authorized Strength, FY17

Selected Reserve		Authorized
Air Force Reserve	USAFR	69,000
Air National Guard	ANG	105,700
Army National Guard	ARNG	343,000
Army Reserve	USAR	199,000
Marine Corps Reserve	USMCR	38,500
Navy Reserve	USNR	58,000
Coast Guard Reserve	USCGR	7,000

Source: §411, NDAA of FY17

B. Health Insurance Options for Selected Reserve Members and Families

As DoD has relied increasingly on RC members to support military operations, Congress has increased health care benefits available to Selected Reserve members and their family members through its TRICARE program, including establishing the TRS program in 2005. Initially, TRS provided a one-time opportunity for certain Selected Reserve members to purchase extended coverage before leaving active duty assignments. TRS has since expanded to almost all Selected Reserve members and their families regardless of prior active duty service.[73]

[71] The other two RC categories are the Standby Reserve and Retired Reserve.

[72] In addition to the Selected Reserve, the Ready Reserve also includes the Individual Ready Reserve (IRR) and Inactive National Guard (ING).

[73] GAO (2007, Feb. 12). Military Health: Increased TRICARE Eligibility for Reservists Presents Educational Challenges, GAO-07-195 (Washington, D.C.), p. 7-11;
TRS Issue Brief 2007; GAO (2011, June). Defense Health Care: DoD Lacks Assurance that Selected Reserve Members Are Informed about TRICARE Reserve Select, GAO-11-551 (Washington, DC), pp. 7-9.

1. Current TRICARE Options

DoD offers a continuum of coverage for RC members and their families as shown below.[74]

- *TRICARE Prime* has been DoD's managed care option since 1995 for Service members on active duty (greater than 30 days) and their eligible family members, retirees and their eligible family members, and survivors. RC members must enroll in Prime when they go on active duty, and their family members may choose to enroll. There are no enrollment costs, premiums, deductibles, or co-pays for families of Service members on active duty (greater than 30 days). Enrollees receive most of their care from MTFs or civilian network primary care managers, obtaining specialty care through referrals and/or prior authorizations. TRICARE Prime offers lower out-of-pocket costs than the other TRICARE options.[75]
- *TRICARE Select* replaced *TRICARE Standard* and *Extra* plans, effective January 1, 2018.[76] Comparable to a preferred provider organization, TRICARE Select offers civilian health care coverage delivered by network and non-network TRICARE-authorized providers, institutions, suppliers, and pharmacies. Eligible beneficiaries other than active duty Service members may enroll. Families of Service members on active duty (greater than 30 days) do not pay premiums, but have annual deductibles for outpatient services and cost shares for most services. *TRICARE Select* provides greater choice of providers, and is a choice for RC families who want to avoid having to change providers when the RC member goes on active duty.[77]
- *TRICARE Reserve Select* (TRS) is a premium-based health plan available for purchase by qualified Selected Reserve members when they are not activated or on active service for 30 days or less. TRS provides the same benefits as *TRICARE Select*, but TRS members must pay monthly premiums, annual deductibles, and cost shares for covered services.[78] More information on TRS qualifications and participation is provided in later sections of this review.

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[74] Information on TRICARE options taken from TRICARE Health Plans web page: https://www.tricare.mil/Plans/HealthPlans and GAO, (2010, March). Defense Health Care: 2008 Access to Care Surveys Indicate Some Problems, but Beneficiary Satisfaction Is Similar to Other Health Plans, GAO-10-402 (Washington, DC), p. 9. Information on TRICARE changes taken from TRICARE website: https://tricare.mil/About/Changes

[75] *TRICARE Prime Fact Sheet* (Aug. 2016) retrieved 6/15/17 from https://www.tricare.mil/Plans/HealthPlans/Prime, p. 1; *TRICARE Choices for National Guard and Reserve* (May 2017), retrieved 6/15/17 from https://www.tricare.mil/Plans/HealthPlans/TRS, p. 7.

[76] §701 of the NDAA for FY17 added the new section, 10 U.S.C. 1075.

[77] https://tricare.mil/Plans/HealthPlans/TS

[78] TRICARE Choices for National Guard and Reserve Handbook (May 2017), retrieved 6/15/17 from https://www.tricare.mil/Plans/HealthPlans/TRS, p. 1.

2. Eligibility

TRICARE eligibility is established through DEERS, the official system of record for TRICARE eligibility. Information on RC members and their family members is entered into DEERS by their administrative units when they are mobilized. To ensure continuity of benefits, RC members must ensure that their information is updated as their status changes.[79]

Selected Reserve members and their family members are eligible for different TRICARE options depending on the RC member's duty status:[80]

- *Pre-activation/activated* RC members are those called or ordered to active service for more than 30 days in support of a contingency operation. Eligible family members of these members may receive Early Eligibility TRICARE, or active duty TRICARE benefits. "Early eligibility" for these RC members and their families means they are eligible for active duty benefits (TRICARE Prime) for up to 180 days before active duty begins, as shown in DEERS. With "Early Eligibility" TRICARE, benefits continue uninterrupted once RC members begin active duty. While on active duty, RC members are required to enroll in TRICARE Prime. Their families may choose TRICARE Prime or Select.
- *Deactivating* RC members who are released from active duty and have served more than 30 days in support of a contingency operation receive 180 days of transitional health care benefits through the Transitional Assistance Management Program (TAMP), which helps RC members and their families transition back to civilian life. They may enroll in TRICARE Prime (where locally available) or remain in TRICARE Select. Qualified members of the Selected Reserve may purchase TRS coverage upon return to not activated status; they can choose to do so if eligible.
- *Not activated* status includes RC members not otherwise on active service for 30 days or less.[81]

DoD offers a continuum of coverage for Selected Reserve members and their families by law, as displayed in Table 17 below. See *TRICARE Choices for National Guard and Reserve Handbook* for complete information.[82]

[79] GAO, 2007, p. 24; GAO, 2010, p. 34.
[80] A fourth duty status, retired, is not discussed here.
[81] GAO, 2011, p. 10-11.
[82] Available for download at www.tricare.mil/reserve

Table 17 – RC Continuum of Coverage

Health Coverage	Not on Active Duty	On Active Duty	De-activation	Not on Active Duty
TRS family	TRICARE Select [a] for Active Duty family member	Full active duty TRICARE coverage (including Prime)	TAMP or TRICARE Select [a] for Active Duty family member	TRICARE Select [a] for Active Duty family member
Non-TRS family	Other health insurance	Full Active Duty TRICARE coverage (including Prime)	TAMP or CHCBP or other health insurance	Other health insurance
Currently in effect for Federal Employees Health Benefits (FEHB) program				
FEHB at family premium rates	FEHB family plan	FEHB family plan[b] TRICARE secondary	FEHB family plan And, if TAMP, TRICARE secondary	FEHB family plan

Note: CHCBP – Continued Health Care Benefits Program.
a. TRICARE Select replaced TRICARE Extra and TRICARE Standard effective January 1, 2018.[83]
b. FEHB law authorizes Service members enrolled in the FEHB program to continue their FEHB family coverage for 24 months when absent for military duty. For RC members mobilized in support of a contingency operation, their federal agency is authorized to pay the employee's share of the premium. For RC members mobilized other than in support of a contingency operation, the member is responsible for paying the employee's share for the first year, then for paying both the employer's and employee's share plus an additional 2% administration fee for the second year.[84]

3. TRICARE Providers

Civilian providers may be authorized (certified) under TRICARE if they are licensed by their state, accredited by a national organization (if one exists), and meet other standards of the medical community.[85] DoD uses MCSCs to develop networks of civilian providers to complement the care available in MTFs. MCSCs were organized into three regions until 2018, when the regions were reduced to two: the East Region, managed by Humana Military, and the West Region, managed by Health Net Federal Services.[86]

The two types of TRICARE-authorized civilian providers are as follows:

a. TRICARE Network Providers

TRICARE network providers are TRICARE-authorized providers who have an active network agreement with an MCSC. Network providers file claims for beneficiaries, and accept a negotiated rate for their services. CMAC must generally mirror Medicare rates, but network

[83] §701 of the NDAA for FY17.
[84] http://www.opm.gov/healthcare-insurance/healthcare/eligibility/#url=Reservists
https://www.opm.gov/healthcare-insurance/life-events/job/im-called-up-toreturning-from-military-active-duty/
[85] GAO, 2010, pp. 10-11.
[86] TRICARE Changes, Issues 1 and 2: https://tricare.mil/About/Changes

providers may agree to accept lower reimbursements as a condition of network membership. Although beneficiary costs are generally lower for network providers, network providers are generally not obligated to accept all TRICARE beneficiaries.

b. Non-Network TRICARE Authorized Providers

Some TRICARE-authorized providers do not have a network agreement with an MCSC. Non-network, non-institutional providers may decide to participate in TRICARE on a claim-by-claim basis. Participating providers agree to accept CMAC as payment in full, with beneficiaries responsible for deductibles or co-payments. They accept assignment (payment directly from the health plan), and generally agree to file claims for beneficiaries. Non-participating providers may charge up to 15 percent above CMAC and generally neither file claims for beneficiaries nor accept direct payment from the health plan (do not accept assignment). The beneficiary is responsible for paying the extra amount billed in addition to required cost shares.[87]

C. TRS Participation

1. Participation Rates

Started in 2005, TRS is the premium-based TRICARE health plan available worldwide for purchase by qualified Selected Reserve members to cover themselves and their families. TRS offers a comprehensive health benefit with low out-of-pocket costs and a low catastrophic cap that has been welcomed by many Selected Reserve members and families. Effective October 1, 2007, Selected Reserve members may qualify to purchase and maintain TRS coverage if they are:

(a) neither eligible for, nor enrolled in, the FEHB program; and
(b) not sponsors for premium-free TRICARE (i.e., Early Eligibility TRICARE, active service greater than 30 days, or TAMP).

TRS members pay monthly premiums representing 28 percent of the total premium cost by law. Table 18 shows the trend in monthly TRS premium rates since 2012.

[87] GAO, 2010, p. 10-11;
TRICARE Choices for National Guard and Reserve Handbook, 2017, p. 8;
TRICARE Standard and TRICARE Extra Fact Sheet, 2016, pp. 1-2.

Table 18 – TRS Monthly Premium Trend

Type of Coverage	Monthly Premium Rate						
	2018	2017	2016	2015	2014	2013	2012
TRS member only	$ 46.09	$ 47.82	$ 47.90	$ 50.75	$ 51.68	$ 51.62	$ 54.35
TRS member & family	$ 221.38	$ 217.51	$210.83	$ 205.62	$ 204.29	$ 195.89	$ 192.89

Source – A cumulative list of TRS premium rates is maintained in the TRICARE Operations Manual 6010.59-M, April 1, 2015, Chapter 22, Addendum A. Current year rates are also posted on the TRICARE website at: www.tricare.mil/Costs/HealthPlanCosts/TRS

DoD's share (72 percent) of the 2018 TRS monthly premium cost is $118.52 for TRS member-only coverage and $569.26 for TRS member and family coverage. TRS, by law, offered TRICARE Standard and Extra coverage cost-sharing at the active duty family member rate as well as MTF care on a space available basis until 2018. Effective January 1, 2018, the TRICARE Standard and Extra cost-sharing structure was replaced by TRICARE Select cost-sharing at the active duty family member rate. The TRICARE Select grandfather feature does not apply to TRS.[88]

Recent TRS enrollment is shown in Table 19, and the enrollment trend over time is shown in Figure 10 with a 12-month moving average trend line. Enrollment increased in linear fashion from 2008 through summer 2013, with a seasonal pattern of enrollment growth that moderated in winter and spring, decreased in summer, and rebounded to new heights in the fall. Corresponding with the January 2014 implementation of the Affordable Care Act individual mandate, TRS enrollment showed increased growth beginning in summer 2014. A long-anticipated flattening of the overall TRS enrollment curve began around summer 2015.

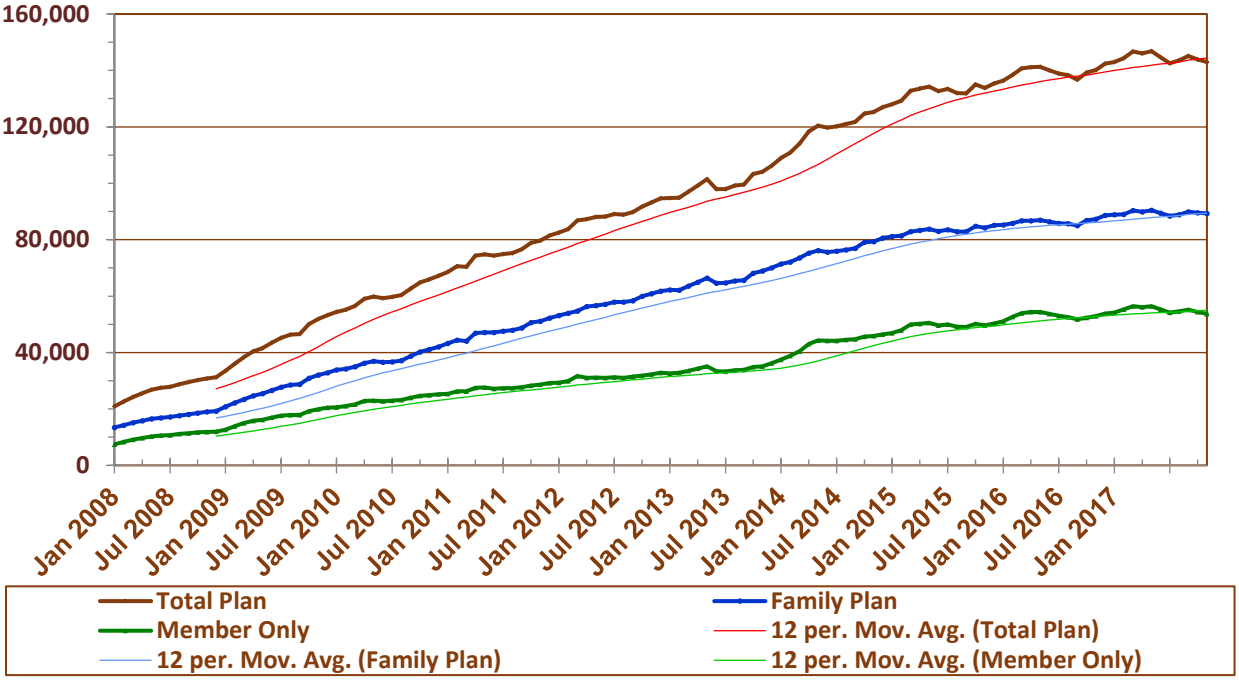
Table 19 – 2017 TRS Enrollment

Total TRS Plans	**142,927**
TRS member and family plans	89,274
TRS member-only plans	53,653
TRS Covered Lives	**382,346**

Source: DMDC/DEERS Medical Policy Report as of November 2017.

[88] TRICARE Standard/Extra coverage for TRS shifted to TRICARE Select coverage in fulfillment of §701 of the NDAA for FY17; the grandfather provision does not apply to TRS.

Figure 10 – TRS Enrollment Trend



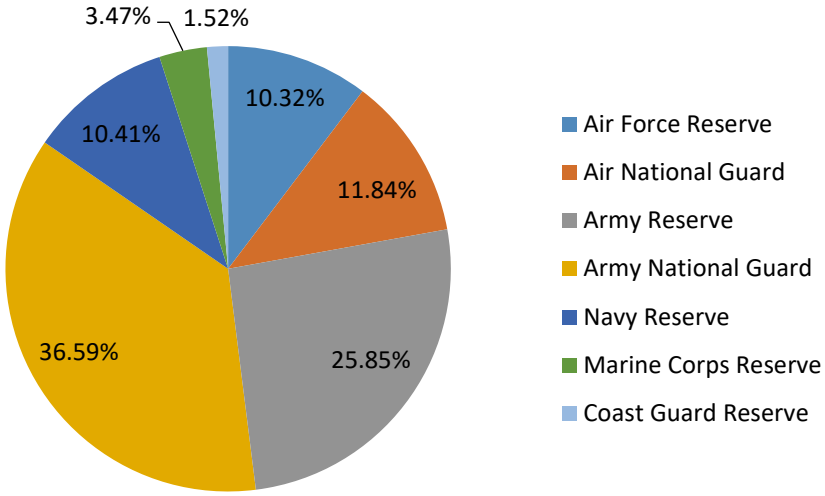
Source: DMDC/DEERS Medical Policy Report as of November 2017.

Two reports from the GAO revealed a take rate of nearly 20 percent by Selected Reserve members who could qualify to purchase coverage.[89] (For the denominator, GAO reduced the Selected Reserve population by the number of Selected Reserve members who could not qualify to purchase TRS coverage.) More recent data from DHA's 2017 TRICARE evaluation (using GAO's take-rate methodology), indicated the TRS take rate had stabilized at nearly 26 percent by 2014.[90] On the 2016 SOFS-RC, 36 percent of respondents reported current enrollment in TRS, and 44 percent reported that their spouse or other family members had participated in TRS in the past 24 months.[91]

As of November 2017, TRS covered 239,419 family member lives through 89,274 family plans. Figure 11 shows the percentage of family plans covered under TRS in each RC, and Figure 12 shows the percentage of family member lives covered under those plans in each RC.

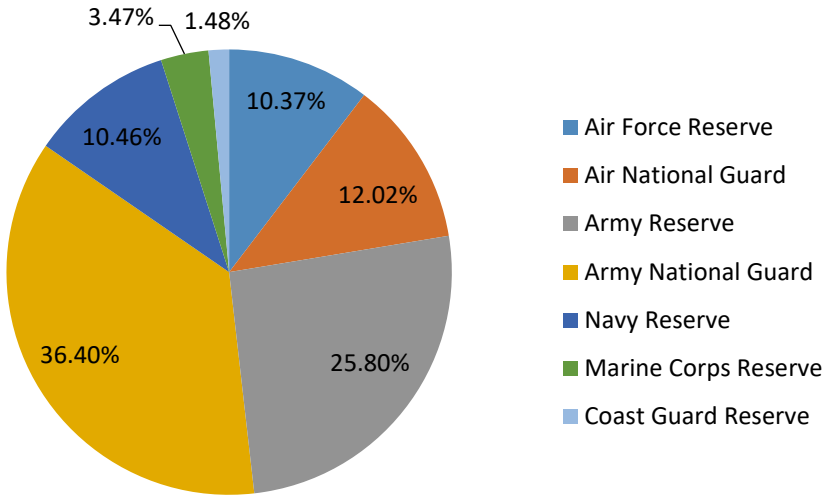
[89] GAO, 2007, p. 12; GAO, 2010, p. 8; GAO, 2011, p. 11; TRICARE Issue Brief 2007, p. 1.
[90] DHA (2017, May). Evaluation of the TRICARE Program: Fiscal Year 2017 Report to Congress: Access, Cost, and Quality Data through Fiscal Year 2016. Washington, DC: Author. Retrieved from https://www.health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Health-Care-Program-Evaluation/Annual-Evaluation-of-the-TRICARE-Program
[91] OPA, 2017, p. 626, 658, 844, 846, 934.

Figure 11 – TRS Family Plan Enrollment Distribution, by RC



Source: DMDC/DEERS Medical Policy Report as of November 2017.

Figure 12 – TRS Family Member Enrollment Distribution, by RC



Source: DMDC/DEERS Medical Policy Report as of November 2017.

Reasons for not participating in TRS included eligibility, affordability, and awareness and understanding.[92] The most commonly cited reason reported on DoD surveys was the preference to maintain civilian coverage (see Table 20).

Table 20 – Reasons RC Member and Spouse May Prefer to Have Civilian Coverage

RC members	Source: 2016 SOFS-RC OPA, 2017, p. 936.
32%	Prefer other available health plan
32%	"Other" reasons
30%	Not eligible for TRS (e.g., were eligible for TAMP instead)
25%	TRS premium costs too expensive
18%	TRS cost share too expensive
16%	Lack of available providers
4%	Prefer to be uninsured
Spouses	Source: 2006 *Survey of Reserve Component Spouses*[93, 94]
68%	Prefer civilian health care plan services
34%	Comfortable with doctor or dentist outside TRICARE
20%	Lack of availability of TRICARE medical/dental specialists
19%	Complexity of TRICARE process
19%	Distance to TRICARE provider
16%	Providers were not accepting TRICARE
13%	Problems with TRICARE administration
18%	Other reasons

D. Benefits and challenges with TRICARE

To better understand why RC members and their families may or may not use TRICARE and the issues they face when they do, this section summarizes available information on general satisfaction with health care benefits, affordability, and challenges encountered.

1. Overall Satisfaction with TRICARE

Surveys of RC members and their spouses show satisfaction with the TRICARE program in general, and TRS in particular. A 2007 GAO study based on interviews with RC members and DoD survey data reported that over half of the respondents who used TRICARE were

[92] TRICARE Issue Brief, 2007, p. 1;
GAO, 2007, p. 12;
GAO, 2011, p. 11.
[93] The more recent 2014 spouse survey did not include a question about reasons for not using TRS.
[94] DMDC, 2007, p. 107-108.

satisfied with it, and 70 percent thought TRICARE was equal to or better than their civilian health insurance.[95]

The 2012 DoD SOFS-RC did not focus specifically on health care benefits, but responses to questions about concerns during and after activation/deployment indicate that health care and/or benefits were NOT the primary concern. For instance:

- *Concerns while activated*: "Health care coverage for your family" ranked ninth on a list of nine concerns, with only two percent of respondents rating this issue as their biggest concern. This choice was not selected by 84 percent of respondents.
- *Concerns about returning from activation/deployment*: Of 12 concerns listed, "health care coverage for your family" was 10th on the list, ranked by only three percent as their biggest concern, and not selected by 89 percent of respondents.
- *Spouse's problems during deployment*: Health care benefit was not on the list of problems.
- *Program most in need of improvement*: Health care was slightly more prominent in response to this question, identified by 11 percent of respondents, trailing pay (18 percent), retirement system (14 percent), and opportunities for training (14 percent).[96]

DoD's 2006 *Survey of Reserve Component Spouses* indicated general satisfaction among spouses who used TRICARE:

75 percent	Satisfied with provider care
65 percent	Satisfied with customer service
60 percent	Satisfied with claims processing[97]

Responses to the 2014 *Survey of Reserve Component Spouses* indicated that the majority saw no difference overall between TRICARE and civilian plans. Among those responding differently, larger percentages said that TRICARE was better overall than civilian plans (Table 21).[98]

[95] GAO, 2007, p. 22.
[96] Williams, K. (2013, January 31). June 2012 *Status of Forces Survey of Reserve Component Members: Executive Briefing* [PowerPoint presentation]. Retrieved from: https://www.jssmobile.org/Files/DiscoverCommunitySolutions/2012-Status-of-the-Forces-Survey-of-Reserve-Component-Members-(31-Jan-2013).pdf
[97] DMDC, 2007, p. 112-113.
[98] DMDC (2016, July). *2014 Survey or Reserve Component Spouses: Tabulation of Responses*. DMDC Report No. 2015-106. Arlington, VA: DMDC.

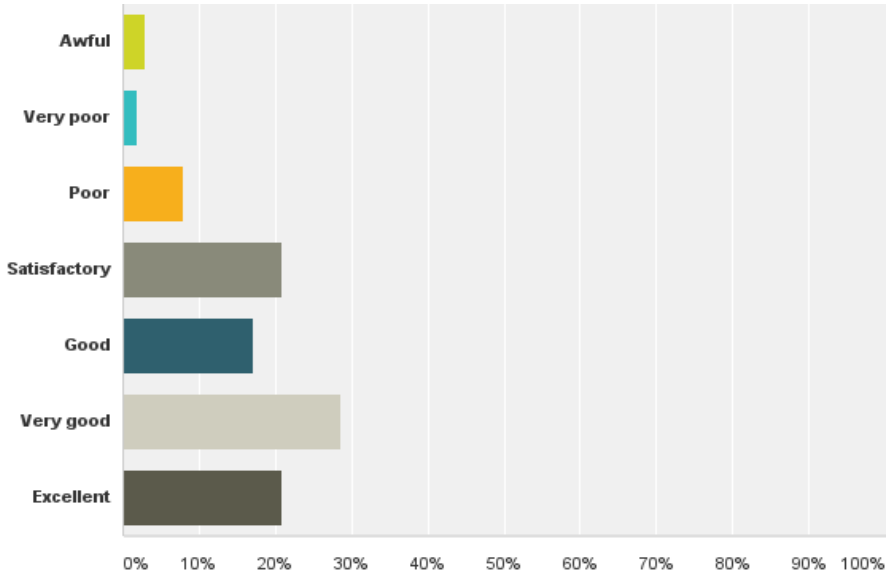
Table 21 – Comparison of TRICARE and Civilian Plans Overall

Reserve Component		Civilian better or much better	No difference	TRICARE better or much better
Air Force Reserve	USAFR	25%	49%	25%
Air National Guard	ANG	22%	51%	26%
Army Reserve	USAR	18%	48%	33%
Army National Guard	ARNG	20%	46%	34%
Marine Corps Reserve	USMCR	21%	45%	34%
Navy Reserve	USNR	23%	45%	32%
TOTAL DoD		**21%**	**48%**	**32%**

Note: Coast Guard was not included in the 2014 DoD Survey

A ROA survey also reported general satisfaction with TRS. In a 2016 statement to the Senate Armed Services Committee, the ROA reported that RC members were generally complimentary when asked about the quality of TRS. Approximately 65 percent Selected Reserve members rated health care through TRS good, very good, or excellent; about 21 percent rated TRS health care satisfactory. The remaining 14 percent was spread across the ratings of poor, very poor, or awful (Figure 13).[99]

Figure 13 – Quality of Health Care through TRS



DoD found from ongoing congressionally-mandated surveys of MHS TRICARE Standard beneficiary access to civilian providers that RC family members give their TRICARE

[99] ROA (2016, March 8). "Statement for the Senate Armed Services Committee, Subcommittee on Personnel." Hearing on Fiscal year 2017 Department of Defense Personnel Programs. Washington, DC: Author. Retrieved from http://c.ymcdn.com/sites/www.roa.org/resource/resmgr/Files/Testimony/Statement-SASC-PostureHearin.pdf

health care experience ratings similar to or higher than those given by active duty family members.[100] Specifically, since 2008, these surveys have found RC family members rate their experience with TRICARE as a health plan higher than active duty family members have. They report their experience with TRICARE similar to their active duty counterparts with regard to health care, personal doctors, specialists, and access to providers in terms of getting needed care, getting care quickly, seeing primary, specialty, and behavioral health providers, getting timely appointments, and receiving urgent care. One exception is their lower rating for travel time to see a specialist.

In addition, with one exception, RC member ratings of TRICARE are no different from those of their RC counterparts who rely on health care insurance that is not TRICARE. That is, RC members using TRICARE rate their experience the same as their non-TRICARE counterparts using other health insurance, in terms of global ratings of their health plan, health care, personal doctor, and specialist. These two groups also similarly rate their access to health care, in terms of getting needed care, getting care quickly, access to behavioral health or specialty providers, timely appointments, urgent care, and travel time to specialists. The one difference was that RC users of TRICARE reported that their access to personal doctors was lower than that of their counterparts using other health insurance.

2. TRICARE Affordability

A major advantage of TRICARE is its affordability. Currently, TRS participants pay 28 percent of the total cost of TRS premium (payable monthly), with DoD absorbing the rest.[101] Consequently, affordability is frequently cited by Selected Reserve members and their families as a major reason for choosing TRICARE. For instance, the ROA reported in 2016 that respondents to a TRS survey offered particularly positive comments about affordability.[102] A National Guard publication noted that 73 percent of respondents to the ROA survey reported lower medical care costs through TRICARE than through private providers.[103] Another military publication noted that TRS offers very reasonable health care rates compared to civilian plans. Annual deductibles, in particular, were characterized as being more affordable than they are in many employer plans and much lower than options offered through health care exchanges.[104]

The 2014 *Survey of Reserve Component Spouses* tabulations confirm that TRICARE is viewed as more affordable than civilian plans. When asked about out-of-pocket costs for

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[100] DoD complied with Congressional mandates to survey non-Prime enrolled MHS beneficiary access to civilian providers since 2005. These surveys included family members of activated Reservists who were eligible to use TRICARE Standard and Extra, including sponsors and family members enrolled in TRICARE Reserve Select.

The most recent multi-year survey (2012-2015) complied with the requirements of §721, NDAA FY12, enacted December 31, 2011, as Pub. L. No. 112-81. This four-year survey followed a previous 4-year survey completed from 2008-2011 (responding to §711, NDAA for FY08, enacted January 28, 2008, as Pub. L. No. 110-181).

[101] Matthews, 2017, p. 3.

[102] ROA, 2016, p. 5.

[103] Matthews, 2017, p. 3.

[104] Guina, R. (2015, January 7). Retired Guard and Reserve health care options. *The Military Wallet*. Retrieved from http://themilitarywallet.com/retired-guard-and-reserve-health-care/

medical care, a clear majority across RCs said that TRICARE was better than civilian plans (Table 22).[105]

Table 22 – Comparison of TRICARE and Civilian Plans Out-of-Pocket Costs

Reserve Component		Civilian better or much better	No difference	TRICARE better or much better
Air Force Reserve	USAFR	15%	21%	64%
Air National Guard	ANG	9%	24%	67%
Army Reserve	USAR	9%	26%	65%
Army National Guard	ARNG	12%	23%	65%
Marine Corps Reserve	USMCR	9%	22%	68%
Navy Reserve	USNR	12%	17%	72%
TOTAL DoD		**11%**	**23%**	**65%**

Note. Coast Guard was not included in the DoD Survey.

3. Challenges with TRICARE

a. Finding Providers

Several sources noted challenges in finding providers who accept TRICARE coverage when they transition from civilian to military plans.[106] Providers' reluctance to accept TRICARE has been attributed to low reimbursement rates, claim filing requirements, and length of time to be reimbursed.[107] The 2015 MCRMC claimed that the 1991 Congressional requirement that DoD gradually lower reimbursement rates to mirror Medicare rates has limited TRICARE participation by civilian providers.[108] Several studies confirmed the challenge of finding providers:

- DoD surveys from 2008 – 2011 (as reported by GAO) found that nearly one in three beneficiaries not enrolled in TRICARE Prime experienced problems finding a civilian provider who would accept TRICARE. GAO noted that civilian physicians' acceptance of new TRICARE patients had decreased since a 2005-2007 survey.[109]

[105] DMDC, 2016.
[106] GAO, 2007, p. 25; GAO, 2010; p. 18-19; GAO, Defense Health Care (2013, April). *TRICARE multiyear surveys indicate problems with access to care for nonenrolled beneficiaries*. GAO-13-364 (Washington, DC).
[107] GAO, 2013, Summary page; Matthews, 2017, p. 34;
Military Compensation and Retirement Modernization Commission (2015, January 29). *Report of the Military Compensation and Retirement Modernization Commission: Final Report*. Retrieved from https://www.ngaus.org/sites/default/files/MCRMC%202015_0.pdf; ROA, 2016, p. 4.
[108] MCRMC, 2015, p. 86.
[109] GAO, 2013, Summary page.

- ROA reported in 2016 that 40 percent of TRS users had access to qualified specialists all of the time, 28 percent had access some of the time, and others had little or no access. Only 38 percent reported access to a good selection of in-network doctors.[110]
- The most recent DoD surveys of RC members and spouses were less conclusive regarding availability of providers and specialists, with the largest percentage (45 –50 percent) reporting no difference between TRICARE and civilian plans. Results indicate, however, that availability of providers under TRICARE may be better for RC members than for their family members. Specifically, about one-third of RC members reported better availability for themselves under TRICARE versus civilian plans, compared to about one-fourth reporting the same for spouses and family members.[111]

In fulfillment of §712 of the NDAA for FY15, DoD has completed the first year of a four-year survey (2017–2020) of civilian providers and MHS non-enrolled beneficiaries, designed to determine civilian provider acceptance of, and beneficiary access to, the TRICARE Standard benefit option. This four-year survey is required as a follow-on to two previous four-year surveys completed from 2008 to 2011 and 2012 to 2015.[112] The survey is licensed by the Office of Management and Budget (provider survey) and Washington Headquarters Service (beneficiary survey), and has been reviewed by the GAO as required by the guiding legislation.[113]

As reported in DHA's 2018 Evaluation of the TRICARE Program, provider survey results and key points after the first year show the following:

- About 6 of 10 providers overall (57 percent of physicians and non-physician behavioral health providers) and 8 of 10 physicians (77 percent) accept new TRICARE Standard patients [non-Prime] if they accept new patients of any insurance. These acceptance rates are statistically similar to the 2012-2015 benchmark survey for physicians (76 percent) and lower for all providers (59 percent).

- Almost 9 of 10 providers (85 percent) and over 9 of 10 physicians (94 percent) are aware of the TRICARE program in general (greater than the 2012-2015 and 2008-2011 benchmarks, respectively, 84 and 82 percent for all providers and 93 and 91 percent for physicians).

- Similar to the 2008-2011 benchmark survey, behavioral health providers (including psychiatrists, psychologists, and non-physician providers) report lower rates than

[110] Matthews, 2017, p. 35.
[111] DMDC, 2016, p. 562; OPA, 2017, p. 880, 882, 956, 958.
[112] §721, NDAA for FY12 enacted December 31, 2011 as Pub. L. No. 112-81.
[113] DHA (2018, February). Evaluation of the TRICARE Program: Fiscal Year 2018 Report to Congress: Access, Cost, and Quality Data through Fiscal Year 2017. p. 146. Washington, DC: Author. Retrieved from https://www.health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Health-Care-Program-Evaluation/Annual-Evaluation-of-the-TRICARE-Program

physicians for awareness (77 percent) and acceptance (36 percent), [thus] lowering the all-provider acceptance rates.

- Primary care and specialist physicians report similar rates of awareness, both of which exceed the 2012–2015 benchmark.

- Providers in non-PSAs report greater awareness and acceptance of new TRICARE Standard and Medicare patients than do PSA providers.[114]

A key feature of the new TRICARE Select law is that its implementation plan must ensure that at least 85 percent of the beneficiary population under TRICARE Select must be covered by the TRICARE Network. The Department looks forward to this network expansion to increase the availability of network providers willing to accept TRICARE beneficiaries outside of the former Prime Service Areas.

b. Accessing Health Care Facilities

Challenges with accessing health care facilities could occur when RC members and their families live at a distance from a PSA. A PSA constitutes the geographic area where TRICARE MCSCs are required to establish the TRICARE network of providers. In 2013, DoD reduced the number of locations designated as PSAs to those within a 40-mile radius of MTFs. Surprising to many, Figure 14 and Figure 15 show that 68 percent of Selected Reserve members and their families still lived in a PSA as of September 30, 2016, compared to 96 percent of active duty and family members. More than half of Selected Reserve members and their families (54 percent) resided near a clinic or inpatient MTF, compared to 93 percent of active duty members and their family members.[115] However, it should come as no surprise that the problem of accessing health facilities appears to be magnified for RC members in rural areas; their experience is likely not significantly different from their neighbors in their community.[116]

[114] DHA (2018, February), p. 150

[115] DHA (2018, February), p. 146

[116] Matthews, 2017, p. 34; ROA, 2016, p. 5.

Figure 14 – Trend in DoD Population Living in PSAs

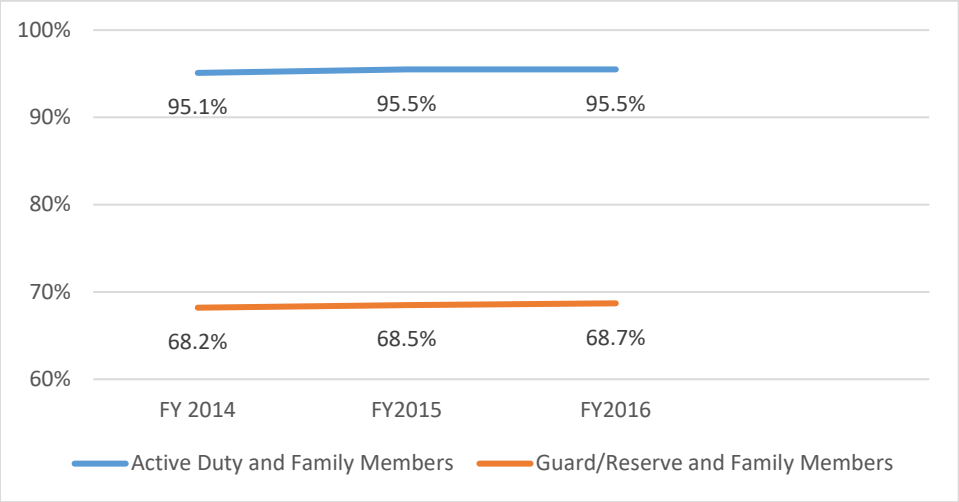
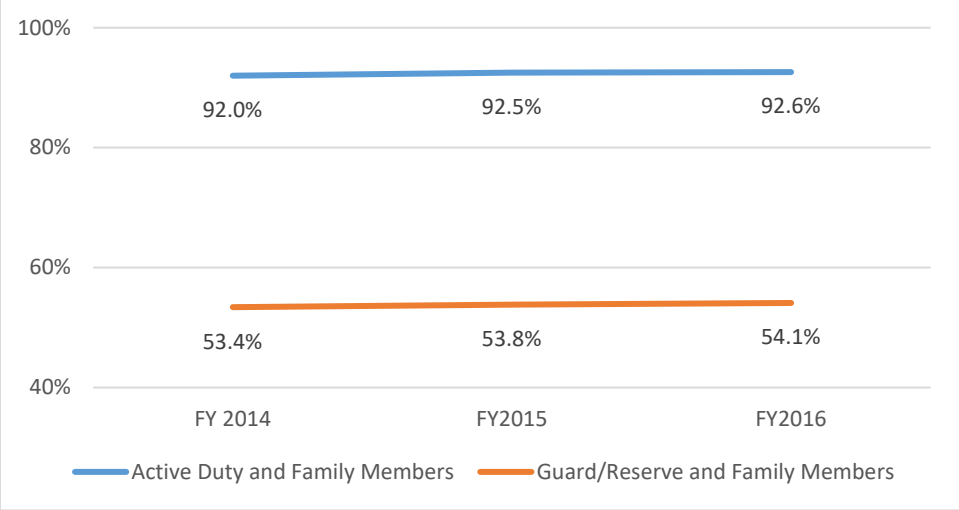


Figure 15 – Trend in Eligible Population Living in both PSAs and MTF Service Area



c. Continuity of Care

Various reports and studies highlight issues with continuity:

- Respondents to the 2016 SOFS-RC reported the following experiences during activations:

  70 percent Employers did not continue health care benefits during activation.

  40 percent No employer policy to continue benefits during military absences.

  35 percent Benefits continued for military leave extending beyond 30 days.

  13 percent Benefits continued for military leave up to 15 days.

  12 percent Benefits continued for military leave up to 30 days.[117]

- The ROA's 2016 TRS study claimed that transitioning in and out of civilian and military health plans disrupts medical treatments, with differing treatment strategies and prescriptions, and doctors or health care plans that provide different levels of support. Health care is further complicated because benefits are different depending on the type of active duty Selected Reserve members are performing.[118]

Recommendation 6 as proposed in the 2015 MCRMC report would fundamentally reformulate the health benefit by essentially replacing the MHS as it is known today with an insurance approach for all DoD beneficiaries, other than uniformed Service members (active or reserve) on active duty (greater than 30 days). OPM would develop and administer an array of health plans in the style of its highly regarded FEHB program. Service members with at least one eligible family program member to the age of 26 could select a health plan from the new DoD health benefits. The cost of the premium would be apportioned in a manner common to most employer-sponsored health plans: a worker portion (Service member) and an employer portion (uniformed Service members' federal department). The four federal departments would transfer their portion of the health plan premium (72 percent of the median health selected in that location, state, or metropolitan statistical area in the prior year) directly to the Employee Health Benefits Fund managed by OPM. The Service member would receive a BAHC that would appear as an allotment on his or her leave and earnings statement. Not only would the BAHC cover the Service members' portion—28 percent of the prior year median selected health plan—but it would also cover out of pocket expenses.[119]

> [T]he average copayment amount by all active-duty family member beneficiaries in that location…the portion to be used for out-of-pocket expenses (copayments, coinsurance, and deductibles) would be paid to active-duty Service members in

[117] OPA, 2017, pp. 590, 592, 598.
[118] ROA, 2016, p. 3-4.
[119] MCRMC, p. 109-111.

> their direct deposit…[could] even affords families a surplus each month after costs are paid.[120]
>
> All RC members should be able to purchase a plan from the DoD program at varying cost shares. Members of the Selected Reserve should have a reduced cost share of 25 percent to encourage RC health and dental readiness and streamline mobilization of RC personnel. Other RC members new to the benefit should have higher cost shares corresponding to their category of service. When mobilized, RC members should receive active-duty health care. Under this new benefit, RC members with families should receive the BAHC and apply it to the costs of either a plan from DoD's program or their current (civilian) plan.[121]

Although the TRS program would be repealed under MCRMC Recommendation 6, Selected Reserve members who choose the new DoD health benefits program for their family coverage when not activated would ensure continuity of care when they are activated.

Alternatively, the family could ensure their continuity of care by staying on their chosen (non-DoD) civilian plan while their RC member sponsor is on active duty. The sponsor would get the full BAHC amount to apply to premiums and out-of-pocket expenses.

DoD non-concurred with MCRMC Recommendation 6.

d. Establishing Eligibility

A 2007 GAO study reported that establishing or maintaining eligibility can be problematic if the Service personnel community enters Service members' information into DEERS incorrectly. The Service personnel community must resolve these problems rather than the medical community, which Service members often do not realize. In addition, many RC members fail to ensure their information is updated in DEERS when they return from an activation, which may result in denial of medical care or incorrect charges. While family members of active duty members also have problems with DEERS, such problems are accentuated for family members of RC members because their eligibility status changes every time their sponsor activates and again when they deactivate.[122] A respondent to the 2016 ROA survey commented: "TRICARE is great when it works as advertised. But...when activated for drill or a long term TDY/TAD, TRICARE places the burden back on the user to get re-enrolled (once off of the activated military rolls), which isn't conveyed very well to the RC member."[123]

E. Alternatives to TRICARE

In addition to continuity of coverage already discussed in paragraph D.3(c) above, the MCRMC claimed that current physicians would be more likely to participate in traditional

[120] MCRMC, p. 110
[121] MCRMC, p. 111.
[122] GAO, 2007, p. 24-25.
[123] ROA, 2016 p. 5.

commercial insurance to avoid low TRICARE reimbursement rates. Further, commercial insurance plans are more likely to build a network adequate for markets they serve in order to increase their competitive advantage. MCRMC proffered its Recommendation 6 as an approach that would feature an array of health plan options in any geographic region, and allow beneficiaries to continue to access MTFs and to change plans during open enrollment or a life-changing event.[124] As mentioned above, a new BAHC was integral to Recommendation 6 as it would defray premium costs for the MCRMC proposed FEHB-styled *TRICARE Choice*, or other health plan.[125]

An analysis of the costs and implications of the proposed *TRICARE Choice* plan included a TRICARE/FEHB satisfaction survey comparison, which showed somewhat higher satisfaction among FEHB enrollees than TRICARE enrollees on most health care aspects (Table 23).[126] However, the survey comparison did not address cost differences between the two programs, which is an important consideration for Selected Reserve families, given the considerably lower costs to enrollees under TRICARE.

Table 23 – TRICARE/FEHB Satisfaction Survey Comparison

Question	TRICARE [a]	FEHB Survey Question	FEHB Average
Overall health care rating	64% [b]	Overall health care rating [b]	78%
Claims processed properly	89%	Claims processing	88%
Getting needed care	84%	Getting needed care	87%
Getting appointment with specialist	82%	Seeing a specialist	84%
Getting care quickly	78%	Getting care quickly	86%

Source: Health Care Survey of DoD Beneficiaries
a. All MHS Users
b. Percentage (%) rating 8 to 10

F. Summary

Literature reviewed for this report indicates that even though DoD has expanded health care benefit options for RC members and their families, the TRS take rate has stabilized at nearly 26 percent. The literature indicates that, while RC members and families believe that TRICARE is more affordable than civilian plans, and that the overall quality of care is as good as or better than it is in civilian plans, they are concerned about the difficulty of finding providers who will accept TRICARE and the risk of losing continuity of care if they must change providers. The MCRMC Recommendation 6 was explored; it promised choice among an array of commercial health insurance plans offered by a new FEHB-styled DoD health benefits program that would be for all TRICARE beneficiaries other than Service members on active duty (greater than 30 days) and would include families of activated RC members. Service members with eligible

[124] MCRMC, 2015, p. 92-93, 109.
[125] MCRMC, 2015, pp. 93; Matthews, 2017, p. 35.
[126] Burns, Sarah, K. (2015, June) *Health Care Analysis for the MCRMC Insurance Cost Model* (Presentation: IDA Document NS D-5509), Alexandria, VA: Institute for Defense Analysis.

family members would receive a BAHC to pay their portion of the family premium and cover the average annual spend on cost sharing in the DoD program. Alternatively, they could enroll into a health plan available such as an employer-sponsored plan or a plan from a state or federal marketplace.

Appendix B – Survey and Discussion Group Process Details

A. Research Design

This study was designed as a cross-sectional study with two data collection components: (1) discussion groups conducted at Selected Reserve units with current Selected Reserve members and (2) a web-based survey of current Selected Reserve members.

The study population focused on current Selected Reserve members across all seven RCs (listed alphabetically by DoD RC, followed by USCGR, which is part of the Department of Homeland Security):

USAFR	Air Force Reserve
ANG	Air National Guard of the United States
USAR	Army Reserve
ARNG	Army National Guard of the United States
USNR	Navy Reserve
USMCR	Marine Corps Reserve
USCGR	Coast Guard Reserve

1. Survey

Questions included in the survey were informed by a review of relevant literature and developed in consultation with DHA and SMEs, including representation from each of the seven RCs. Additionally, when possible, the CNA study team used established items from previous studies and research. In particular, the study team based some questions on those in the "2016 Status of Forces Survey of RC Members."

Survey questions targeted the demographics of participating RC members and their families' access to health care prior to and during activations lasting more than 30 days. The survey also included questions about the preferences of the participating personnel regarding future Selected Reserve health care options. The survey consisted mostly of closed ended, multiple choice questions to solicit the respondent's opinions, preferences, and experiences. See *Appendix C – Survey Instrument,* p. 110, for the complete survey instrument used.

2. Discussion Groups

The discussion groups probed Selected Reserve participants for more detail on factors relating to their opinions, preferences, and experiences about their families' access to health care prior to and during the respondent's activations lasting more than 30 days. Please see *Appendix D – Discussion Group Facilitator's Guide,* p. 119, for discussion group guide including prepared discussion group questions.

3. Criteria for Subject Selection

a. Survey

A critical step to selecting Selected Reserve members for participation in the survey was the identification of a comprehensive sampling frame with current, accurate, and available contact information.

(1) Data Sources and Eligibility

CNA obtained data from the Defense Manpower Data Center (DMDC), identifying all Selected Reserve members from the seven RCs to be used for sampling. The DMDC Reserve data included Electronic Data Interchange Personal Identifiers (EDIPIs), names, demographic data, RC, the number of family members, marital status, rank, zip code, and the length and timing of activations.

The criteria for personnel to be eligible to participate in the survey were the following:

- Is a current Selected Reserve member of one of the seven RCs, and
- Is at least 18 years old.

In a pull from August 2017, DMDC indicated that there were 738,634 Selected Reserve members across the seven RCs, to include 105,216 officers and 633,418 enlisted personnel who met the inclusion criteria. Table 24 below shows the distribution of Selected Reserve members by component and paygrade.

Table 24 – Distribution of Selected Reserve Members, by RC and Paygrade

	Army National Guard	Army Reserve	Navy Reserve	Marine Corps Reserve	Air National Guard	Air Force Reserve	Coast Guard Reserve	Total
E1-E4	169,480	83,448	12,117	25,785	28,263	18,191	1,170	338,454
E5-E9	103,953	62,661	23,036	6,990	49,349	34,884	4,047	284,920
W1-W5	6,898	2,749	84	200	0	0	113	10,044
O1-O3	23,526	19,059	4,438	1,747	5,192	3,619	440	58,021
O4-O6	7,938	11,631	8,135	2,099	7,159	9,102	496	46,560
Total	**311,795**	**179,548**	**47,810**	**36,821**	**89,963**	**65,796**	**6,266**	**737,999**

Source: DMDC Reserve, August 2017
Note. Due to small cell sizes, CNA did not report the number of O7-O9s (n = 635) or include them in its sampling frame.

Per the sampling plan described below, eligible Selected Reserve members were identified through DMDC data. CNA merged these records with a dataset of email addresses, names, and EDIPIs that the RCs sent from DMDC to CNA using the Army's established safe

and secure transfer protocol.[127] Army National Guard and Air National Guard did not provide these lists; rather, CNA used email addresses contained in the data that DMDC provided.

(2) Sampling Strategy

To ensure that responses were representative of the target population, CNA used a proportional probability stratified random sampling design to collect a representative (proportional) sample from the target population. Probability sampling utilizes random selection, where everyone in the target population has an equal chance of being selected. Random sampling techniques are the gold standard for research designs since the random selection process increases the ability of the researcher not only to draw a sample representative of the characteristics of the underlying target population, but also to reduce bias.

Next, the proportion of Selected Reserve members in Table 24 meeting the survey inclusion criteria above was calculated, and advanced purposive sampling techniques were used to oversample that population.

The sample was stratified first by RC, and then by paygrade (E1-E4, E5-E9, W1-W5, O1-O3, O4-O6). CNA randomly selected individuals without replacement within each stratum. Recruitment emphasis (oversampling) was placed on Selected Reserve members who met the following two criteria:

- Has at least one TRICARE-eligible family member as defined by DEERS, and
- Is a current Selected Reserve member who has completed, or is currently on, an activation of more than 30 days in the past 18 months.

Table 25 shows the proportion of Selected Reserve members by component and rank who met either of the oversampling criteria.

Table 25 – Survey Oversampling, by, RC and Paygrade

	Army National Guard	Army Reserve	Navy Reserve	Marine Corps Reserve	Air National Guard	Air Force Reserve	Coast Guard Reserve	Total
E1-E4	13%	6%	5%	0%	4%	3%	4%	9%
E5-E9	24%	18%	11%	3%	9%	4%	3%	16%
WO	35%	32%	17%	17%	N/A	N/A	2%	33%
O1-O3	22%	17%	8%	3%	10%	4%	4%	16%
O4-O6	27%	19%	11%	4%	9%	4%	4%	14%
							Total	**13%**

[127] U. S. Army Aviation and Missile Research Development and Engineering Center Safe Access File Exchange (AMRDEC SAFE); https://safe.amrdec.army.mil/safe/About.aspx

The appropriate sample was calculated from data in Table 25 by RC and rank, using Cochran's sample size formula (Equations 1 and 2).[128] Since CNA knows the number of eligible RC members in the population, the equation for finite population provided the minimum required sample size across the seven reserve components by rank. CNA set the confidence level to 95 percent to achieve statistical significance with α =.05, and assumed a margin of error of $^{+}$/-1.5 percent.

(1) $n_0 = \frac{z^2(p\prime)(q\prime)}{\mathcal{E}^2}$ Infinite Population

(2) $n = \frac{\mathrm{n0\ (N)}}{\mathrm{n0+(N-1)}}$ Finite Population

Equation 1: Where $n\ represents\ the\ minimum\ required\ sample\ size,\ Z$ is the standardized score for a two tailed test with α =.05, p' is the population proportion expected to agree to any given item, q' is 1- p', and $\mathcal{E}$ is the margin of error.

Equation 2: Where n_0 is calculated by using Equation 1 and N is the total population targeted.

Cochran's formula was applied by RC and paygrade using the most conservative population proportion estimate of 0.5 to determine the minimum required sample size across the sampling design. To estimate the number of members needed for oversampling, CNA multiplied the population targeted by the proportion of members who meet the oversampling criteria. In some cases, the required sample size was larger than the number of members in the strata, so additional members were recruited from other strata.

CNA estimated expected response rates based on the response rates to the 2016 SOFS (19 percent).[129] A survey link was emailed out to 57,281 randomly-selected Selected Reservists proportionally across Selected Reserve and 1,235 randomly-selected Selected Reserve members who had been activated for more than 30 days in the past 18 months and who had at least one family member, for a total of 58,516 Selected Reserve members.

Table 26 shows the total number of survey links emailed to potential respondents by RC and paygrade.

[128] Cochran, W. G. (1977). Sampling techniques (3rd ed.). New York: John Wiley & Sons.
[129] OPA. (2016a). 2016 Status of Forces Survey of Reserve Component Members: Statistical methodology report (Report No. 2016-047). Alexandria, VA: OPA.

Table 26 – Number of Survey Links Sent Out, by RC and Paygrade

	Army National Guard	Army Reserve	Navy Reserve	Marine Corps Reserve	Air National Guard	Air Force Reserve	Coast Guard Reserve	Total
E1-E4	2,166	2,027	1,955	2,279	1,971	1,938	1,170	**13,505**
E5-E9	2,373	2,253	2,097	2,260	2,078	1,976	1,975	**15,011**
WO	2,457	2,225	84	200	N/A	N/A	113	**5,079**
O1-O3	2,306	2,203	1,910	1,623	1,968	1,806	496	**12,311**
O4-O6	2,327	2,213	2,036	1,689	1,987	1,917	440	**12,610**
Total	**11,629**	**10,921**	**8,082**	**8,051**	**8,004**	**7,637**	**4,194**	**58,516**

b. Discussion groups

The criteria for subject selection for the discussion groups were the same as those for oversampled population for the survey. That is, personnel were eligible for inclusion in the discussion groups if they met the following criteria:

- Is a current Selected Reserve member of one of the seven RCs,
- Has at least one TRICARE-eligible family member,
- Is currently activated for more than 30 days, or has been activated for more than 30 days in the last 18 months, and
- Is at least 18 years old.

Discussion group participants were recruited by those POCs identified by the units that the RCs had selected as discussion group locations. See the Section VI.C, *Subject Recruitment*, p. 101, below for more details.

B. Methodology

1. Survey

RC leadership, via internal communication networks, disseminated a "heads-up" email to all eligible personnel to inform them that if they received an email about this survey, it meant that they had been selected as part of a randomized sample to participate in the survey. The purpose of the "heads-up" email was to let personnel know that they should pay attention to the email invitation (i.e., that the email was not spam) and that the survey would soon be in the field.

Through the MAX.gov survey software, which was used to administer the web-based survey, the study team sent an email invitation to all eligible personnel included in the randomized survey sample. The email invitation included a token-based URL link to the survey (each user received his/her own unique token-based link). The survey also included a potential

respondent filter question to ensure that only those eligible to take the survey would be the ones who would access it.

The web-based survey remained active for approximately eight weeks, and the study team sent reminder emails through the MAX.gov survey software approximately once a week throughout the survey fielding period.

The study team also set up an email account dedicated to responding to potential respondents' questions and concerns (e.g., trouble accessing the survey, queries regarding eligibility, the nature of certain questions included in the survey, and the study in general). This email address was made available to personnel in the email invitation, the email reminders, and the introduction of the online survey instrument.

After consenting to participate in the voluntary survey, respondents were asked to supply basic demographic and background information (e.g., gender, number of eligible family members, and income level). The demographic and background information were used to analyze the data and perform multiple regression analysis (e.g., calculating the impact of income level on the likelihood of respondents choosing TRICARE products for their families). See *Appendix C – Survey Instrument,* p. 110, for the actual instrument used.

2. Discussion Groups

The groups were constructed to provide a non-threatening forum in which participants could have honest discussions regarding their families' experiences with transitioning to TRICARE when they were called to active duty for more than 30 days.

Participation in the discussion groups was voluntary, and each participant was informed of the discussion procedures before they gave verbal consent at the start of each discussion. Verbal consent was used to help preserve participants' confidentiality, as signing consent forms would have disclosed the identities of discussion group members. After obtaining verbal consent, participants were asked to disclose a few things about themselves (e.g., how long they had been Selected Reserve members, whether they had been active duty prior to joining the Selected Reserve, if/when they had been activated for more than 30 days, and in what state their families lived). These questions served as an icebreaker to help initiate conversation. See *Appendix D – Discussion Group Facilitator's Guide,* p. 119, for more details.

The discussion groups lasted approximately 30-45 minutes. No one in the participants' chain of command was present for the discussions, nor did any base personnel have access to the resulting notes. For each discussion group, the group facilitator utilized a pre-determined list of questions (please see *Appendix D – Discussion Group Facilitator's Guide,* p. 119) to focus the discussions on the participant families' experiences with transitioning to TRICARE when their sponsors are called to active duty for more than 30 days. A trained note taker was also present to record the information contributed by the participants. No identifying information was recorded in the notes.

Once the study team completed all of the discussion groups, the notes recorded during the groups were then reviewed and coded for themes and patterns, and the results summarized what was learned in the aggregate.

C. Subject Recruitment

1. Survey

In discussions with SMEs, the CNA study team was informed that the data provided through DMDC would not include reliable email addresses for all potential survey respondents (e.g., email addresses in DMDC can be outdated, inaccurate, or missing) and that Selected Reserve members tend to have greater access to their personal/preferred email accounts as opposed to their military ".mil" email accounts. With this in mind, CNA worked with the seven RCs to obtain a list of the names of all current Selected Reserve members in each RC, along with reliable email addresses (including personal/preferred email addresses) and EDIPIs. CNA matched this data using names and EDIPIs with the data pulled from DMDC for the eligible survey population.

As described above, CNA emailed links to the survey to 58,516 Selected Reserve members selected in a proportional probability stratified random sampling design. In order to access and participate in the online survey, selected survey participants were emailed an invitation, including a token-based web address link to the survey. CNA gave each user his/her own unique, randomly generated, token-based link. Respondents either clicked on the link or copied and pasted it into an internet browser to access the survey. Once potential respondents accessed the survey, they were required to respond to a filter question to ensure that only those eligible to take the survey would be the ones who accessed it could then proceed to take the survey.

2. Discussion Groups

CNA provided RC leadership with information about the purpose of the discussion groups, including eligibility criteria for discussion group participants. All seven RCs nominated two or three Selected Reserve drill site locations that they considered representative of their RC's current Selected Reserve population. They provided CNA with a local POC who would help make arrangements.

The discussion groups were voluntary, and each participant was screened by the local POC at each location to ensure that he or she was eligible for participation. The CNA study team provided institutional review board-approved recruitment instructions to the local POC at each location to screen participants and schedule the discussion groups. Additionally, each local POC was instructed to send email reminders to all of the nominated discussion group participants approximately a week before the scheduled discussion groups (approved reminder email language was provided to the local POCs).

3. Incentives

No monetary incentives were offered for participation in either the survey or the discussion groups. With permission, participants were excused from usual duties to complete the survey and/or the discussion groups.

D. Informed Consent and Subject Rights

1. Survey

CNA informed all respondents that their answers were confidential and that only aggregate analysis would be conducted on the answers obtained. This was done to ensure that no information would be derived or released that could inadvertently reveal personally identifiable information about an individual respondent or respondents. Information regarding the confidentiality of the survey was attached at the beginning of the survey questionnaire to ensure that all respondents were aware of their rights and of CNA's guarantee of confidentiality before they were asked to complete any questions.

The web-based survey contained an informed consent statement and required subjects to read and indicate agreement with that statement before they were permitted to access the survey questions.

No personally identifiable information was collected as part of the survey. Eligible survey respondents were required to follow their unit policies to obtain permission to participate in the survey during drill periods.

2. Discussion Groups

CNA obtained verbal consent from participants at the start of each discussion group after duly informing them of the research and their rights. The study involved minimal to no risk to participants. The study team was granted a waiver of documentation of consent for the discussion group component of this study. As participants were willingly attending the discussion groups, the study team determined that verbal consent was appropriate in lieu of written consent, in order to avoid collecting identifying information on participants and preserve anonymity. Anyone who wished not to participate was asked to leave the room prior to the start of the discussion group.

Additionally, no personally identifiable information was collected from the participants during the discussion groups. The study team never knew the full names of those participating in the discussion groups, and they were not be able to link the information collected either via the initial background questions or during the discussion to any one individual. No identifying information was recorded or referenced in the notes for any discussion group.

Superiors were prohibited from influencing the decisions of subordinates (e.g., supervisors and those in leadership positions were not to influence a potential discussion group participant's decision to participate in a discussion group or not, or to answer or not answer any

questions in a particular way). Additionally, the facilitators ensured that no superiors or military personnel other than the discussion group participants were present while a discussion group participant was consenting or participating in a discussion group.

Eligible discussion group participants were required to follow their unit policies to obtain permission to participate in discussion groups while drilling.

E. Protections of Privacy and Confidentiality

CNA is committed to safeguarding the rights and welfare of human participants in all research. Protecting subjects' identities and personal information when utilizing online survey research presents unique challenges for both study design and data management. A two-pronged approach meets these challenges: a clear and focused sampling frame and a robust data collection and handling protocol. The CNA study team took several measures to keep research subject information confidential and to protect the privacy of individuals.

First, CNA designed the sampling methods to ensure random selection of survey subjects from a clearly defined target population.

Second, CNA data centers followed safe handling procedures to ensure the safety of project data. These included provisions to monitor and prevent adverse events that involve maintaining data security and acting to prevent unauthorized release of data. All data for this study that reside at CNA are stored on a secure server. The CNA local area network (LAN) exists behind a Cisco Systems Inc. firewall. All Microsoft Windows-based Scientific Computing Operations (SCO) servers reside in a Windows domain separate from the corporate Windows domain, and on a virtual LAN (VLAN) separate from corporate servers and desktops. Access to the SCO domain requires a separate username/password and is restricted to only those with a need to know. Therefore, personally identifiable information (e.g., EDIPIs and email addresses) is only available to CNA study team members, as needed.

Access to SCO servers is via Remote Desktop Connection or from an SCO client server. Users do not have access to removable media on these servers. Users are not permitted to store sensitive data on desktops, laptops, or home computers. Integrity controls are used to maintain the security of the SCO servers. These controls include use of appropriate anti-virus software, updating of software via Microsoft Security Update Service, and monitoring of log files. The server is maintained in a locked, environmentally controlled computer room.

Third, the CNA study team utilized MAX.gov survey software to conduct the online survey. MAX.gov is Federal Information Security Management Act (FISMA) compliant and provides a cloud-based service with White House Security protocol to protect data. Through the MAX.gov software, each individual who was selected as part of the randomized sample received an email invitation generated through MAX.gov. Each email provided token-based access to the survey. In other words, each eligible survey respondent received an email invitation with a link to access the survey, and a token was embedded in the link. This helped ensure that only those invited to take the survey could access the survey, and that those who were eligible to access the survey could only take the survey once.

Fourth, no personally identifiable information was collected as part of the survey. Access to the survey database was given only to CNA and MAX.gov personnel who were authorized as survey administrators for this study. The contents of all returned surveys were transcribed into a password-protected database, and CNA and MAX.gov will destroy all returned surveys at the end of the contract. The aggregated results are being provided to the study sponsor in this report, and all results are presented in-group form (i.e., counts, percentiles, quartiles, means, and/or standard deviations). Risk of identification is minimal.

Fifth, for the purposes of this study, CNA followed the data analysis guidance of the Navy Survey Office in reporting summary statistics on small populations, including the rule that no summary statistics were reported for groups of fewer than 10 individuals. Data will be stored for three years after the conclusion of the study and then destroyed.

Sixth, CNA chose to utilize verbal consent for the discussion groups to protect the participants' identities further. Participants remain anonymous and no identifying information was collected or associated with the resulting data (demographic information or discussion minutes).

F. Risks and Benefits of Research

1. Minimal to No Risk

There was minimal to no risk associated with disclosure of information collected through the survey and the discussion groups.

After data collection from the survey instrument was completed, the data set was stripped of any personally identifiable information (e.g., EDIPIs and email addresses) before it was analyzed by the study team. Additionally, no personally identifiable information was collected from the participants during the discussion groups. The study team will never know the full names of those participating in the discussion groups, and they will not be able to link the information collected either via the initial background questions or during the discussion to any one individual. No identifying information was recorded or referenced in the notes for any discussion group session.

In terms of the types of questions that were asked of survey respondents and discussion group participants, the survey and discussion groups sought information regarding access to health care for families of the Selected Reserve members prior to and during activations lasting more than 30 days. The survey and discussion groups also included questions about the preferences of the participating personnel regarding future Selected Reserve health care options. These topics could be perceived as private/sensitive, and respondents could fear divulgence of medical history they wish to share during the groups and/or negative impacts on their Selected Reserve careers. However, there was minimal risk of disclosing this information, as responses were not linked to individual respondents. The de-identified data were analyzed and aggregated for reporting with measures taken to avoid any inadvertent reporting of information that could be linked to individuals. Measures for securing the respondents' confidentiality are listed in greater detail under the previous section, “Protections of privacy and confidentiality,” including the

following: (1) all data for this study were stored on a secure server, and (2) no reporting was done on groups with an "n" less than 10.

Additionally, this legislatively-mandated study could not be conducted without asking questions relating to access to health care, and, without the use of personally identifiable information provided through DMDC (e.g., EDIPIs and email addresses), CNA would not have been able to ensure that only those who were eligible to access and participate in the survey were the ones that actually did so. However, once data collection was completed, CNA stripped the dataset of any personally identifiable information (e.g., EDIPIs and email addresses) before CNA analysts examined the data.

2. Benefits

Survey respondents and discussion group participants contributed important information to DoD and Congress regarding access to health care for families of the Selected Reserve members prior to and during activations lasting more than 30 days, allowing DoD and Congress to glean constructive and actionable strategies for improving the health care options available to Selected Reserve members and their families.

G. Study Limitations and Challenges

1. Survey

a. Participant Email Addresses

As mentioned previously, the study team requested that each of the seven RCs provide a list of all of their current Selected Reserve personnel, including personal/preferred email addresses, names, and EDIPIs (the names and EDIPIs were used to match the email addresses provided in these lists to the data provided through DMDC). Since it was known that email addresses in DMDC data could be outdated, inaccurate, or missing, SMEs recommended using personal/preferred email addresses rather military ".mil" email addresses.

Although email lists received from the RCs varied in their completeness, and no lists were provided by the Air National Guard or the Army National Guard (Table 27), personal/preferred email addresses were used as the default, when available. If an RC did not provide a personal/preferred email address for a specific eligible Selected Reserve member but it did provide a ".mil" email address for that individual, the study team used the ".mil" address provided by the RC. If an RC did not provide a personal/preferred email address or a ".mil" email address for a specific eligible Selected Reserve member, the study team used the ".mil" address provided by DMDC. If no email address was available for a specific Selected Reserve member through that individual's respective RC or DMDC, that individual was replaced in the survey sample by an individual with a valid email address. Overall, the final data set included email addresses for 88.86 percent of eligible Selected Reserve members. Table 21 below shows the completeness of the final email list by RC.

Table 27 – Completeness of Eligible Selected Reserve Email Lists, by RC

Reserve Component		Survey-eligible Selected Reserve members with a valid email in the Analysis
Air Force Reserve	USAFR	94.87%
Air National Guard	ANG	85.15% [a]
Army National Guard	ARNG	89.64% [a]
Army Reserve	USAR	90.26%
Marine Corps Reserve	USMCR	82.02%
Navy Reserve	USNR	82.61%
Coast Guard Reserve	USCGR	98.76%

Source: §411, NDAA of FY17

a. This RC did not provide their members' email addresses to supplement the DMDC email list.

b. Delayed Start Date

Data collection finally commenced December 12, 2017, as soon as DoD's Washington Headquarters Services approved the data collection and issued the required license number. Given the extremely tight deadline to submit a response to Congress after the lengthy delay for approval and licensure, the study team fielded the web-based survey over the holidays, which likely contributed to low response rates. The survey terminated February 12, 2018.

c. Technological Difficulties

(1) Survey Email Address Initially Not Working

The study team set up an email account dedicated to responding to potential respondents' questions and concerns (e.g., trouble accessing the survey, queries regarding eligibility, the nature of certain questions included in the survey, and the study in general) and included the address in the email invitation, the email reminders, and the introduction of the online survey instrument. However, the email address did not work when the survey began to be fielded (approximately two weeks). A non-response could have resulted in non-participation by potential survey respondents.

Repaired upon discovery, the study team ultimately received 33 emails as follows:

- Seventeen emails asking for removal from the survey (most did not wish to participate in the survey, while a few did not meet eligibility criteria).
  - CNA removed these individuals from the survey so that they would no longer receive email reminders during the course of the survey fielding process.
- Seven emails from individuals regarding difficulties accessing the survey (e.g., they could not get their tokenized links to work for them).

- CNA re-sent the individualized tokenized link to each with instructions to click on the link or copy/paste the web address into the browser window, making sure to copy the web address and nothing else.

- Five emails regarding whether participants met eligibility criteria (e.g., they do not have family members or they are covered under a spouse's health plan).
  - CNA confirmed their eligibility to participate in the survey and assured them that their feedback would be valued.
- Two emails requesting email reminders be sent to the participants' ".mil" addresses instead of their personal/civilian employment email addresses.
  - CNA complied.
- One email requesting that the reminder be digitally signed.
  - CNA complied with the request. Digitally signing the invitations and reminders was not possible for the entire survey sample through MAX.gov.
- One email from a participant informing CNA that he had completed the survey.
  - CNA thanked the individual for his time and feedback.

(2) 500-Participant Cap

Upon going live on December 12, 2017, a 500-participant cap was inadvertently placed on the web-based survey hosted via MAX.gov. An indeterminate number of individuals were unable to participate after the 500-participant cap was reached. CNA and MAX.gov removed the participant cap quickly upon discovery. In the survey reminder email that was sent out the following week, eligible participants were told that this issue had been resolved.

d. Limitations in Interpreting Survey Results

The challenges described above undoubtedly contributed to survey response rates being lower than the 19 percent target for each RC. While the achieved sample size of 3,819 was arguably large enough to draw robust conclusions as reported, two issues remain: concerns about whether those who responded are representative of those who did not respond, and limitations in our ability to draw conclusions about sub-groups.

Because the survey did not meet the 19 percent target response rate, CNA was concerned that people who responded to the survey could be different from those who did not. Demographic comparison of those who completed the survey and those who did not, revealed that those who completed the survey were more likely to have family members, were more likely to have deployed, and were in higher paygrades. There were also differences by RC. CNA corrected for these differences in demographics using statistical weighting techniques.

Further caution is in order because response rates could have differed due to a non-observable factor. For instance, the "halo or horns" phenomenon suggests that those with strong feelings of satisfaction or dissatisfaction are more likely to respond (i.e., strongly negative or strongly positive experiences with TRICARE), which could bias results. Because the reasons

that some people responded and others did not are indeterminate, CNA could not estimate the magnitude or direction of any such bias.

In addition, CNA analysts designed the sampling frame so they could examine response differences by RC, paygrade, and whether the Selected Reserve member had a DEERS-eligible family member. The low response rate limits DoD's ability to detect these differences statistically reliably. Therefore, the body of this report generally does not comment on differences between sub-groups.

2. Discussion Groups

a. Nominations of Discussion Group Locations

RC leadership nominated all discussion group locations, and the approved procedures required the study team to obtain a signed approval letter from the Commanding Officer or designee. CNA informed RC leadership and the nominated discussion group locations (via the signed approval letters) about the purpose of the study and the discussion groups, including the eligibility criteria for discussion group participants. However, some of the nominated locations had very few or no personnel who met the eligibility criteria to be included as discussion group participants (i.e., having been activated for more than 30 days in the last 18 months and having at least one DEERS-eligible family member). Because of this, some nominated locations were disqualified and contributed to a lower number of discussion groups (and the inclusion of a lower number of discussion group participants) than anticipated for a few of the seven RCs.

b. Delayed Start Date

Discussed previously.

c. Rescheduled and Cancelled Discussion Groups

Some discussion groups had to be rescheduled or cancelled, which contributed to a lower number of discussion groups (and the inclusion of a lower number of discussion group participants) than anticipated for a few of the seven RCs.

(1) Government Shutdown

Due to the Friday night government shutdown January 19, 2018, CNA was forced to reschedule discussion groups at two locations after the study team had travelled to those locations. The discussion groups were rescheduled during drill weekends in February 2018.

(2) Busy drilling schedules

One discussion group location that was rescheduled because of the government shutdown later cancelled because other planned activities scheduled for that weekend required the presence of most of the eligible personnel.

(3) No-Shows

At one discussion group location, only 4 of 11 participants showed up to one discussion group, while no eligible participants showed up to the other scheduled discussion group.

Appendix C – Survey Instrument

#16371975.2

RCS#: DD-HA(OT)2660
Expires: Nov 30, 2022

Welcome to the Reserve Component Family Access to Health Care survey!

Privacy Advisory
Providing information in this Survey is voluntary. There is no penalty nor will your benefits be affected if you choose not to respond, although maximum participation is encouraged so that the data will be complete and representative.
The Survey was written so that answers should not require you to provide any personally identifiable information (PII), but please be assured that any PII provided will be treated as confidential. Your responses are collected via a secure system, which does not collect any information that could be used to determine your identity.
Answering the questions is voluntary; you may ask to skip any question that you do not want to answer and you can stop at any time.

This survey is limited to current members of the Selected Reserve (Selected Reserve). To make sure that you are accessing the correct version of this survey, please indicate your current status:

a. Selected Reserve – Army National Guard of the United States *[Continue to Army National Guard survey module]*
b. Selected Reserve – Army Reserve *[Continue to Army Reserve survey module]*
c. Selected Reserve – Navy Reserve *[Continue to Navy Reserve survey module]*
d. Selected Reserve – Marine Corps Reserve *[Continue to Marine Corps Reserve survey module]*
e. Selected Reserve – Air National Guard of the United States *[Continue to Air National Guard survey module]*
f. Selected Reserve – Air Force Reserve *[Continue to Air Force Reserve survey module]*
g. Selected Reserve – Coast Guard Reserve *[Continue to Coast Guard Reserve survey module]*
h. Other

[If (h), go to page that reads:]
Thank you for your interest in the "Reserve Component Family Access to Health Care Survey." Unfortunately, you are not eligible for this survey. This survey is limited to current members of the Selected Reserve (Selected Reserve).
If you feel that you have reached this page in error or have any questions about this survey, please contact Ria Reynolds, the CNA Principal Investigator at The Center for Naval Analyses, RC Survey, 3003 Washington Blvd., Arlington, VA 22201; or you may send an email to RC-survey@cna.org.
Thank you for your time and interest.

Purpose of Survey

Congress is interested in understanding the challenges associated with access to health care for families of Selected Reserve members called to active duty for more than 30 days. The purpose of this survey is to learn about the ***actual experiences of families*** *when their Guard/Reserve sponsor is called or ordered to active duty (more than 30 days) and they get premium-free TRICARE coverage.* ***Therefore, your responses should be about your family members' experiences with TRICARE and not your own experiences.***

Demographics

1. In what year were you most recently activated?
    a. 2017
    b. 2014-2016
    c. 2013 or earlier
    d. Never *[SKIP TO Q24]*

2. Have you ever been activated for more than 30 days while a member of the National Guard or Reserve?
    a. Yes
    b. No *[SKIP TO Q24]*

3. How many dependent family members do you have?
    a. 0 *[SKIP TO Q24]*
    b. 1
    c. 2 or more

Access to Health Care Prior to Activation

The next group of questions focuses on typical access to health care for your dependent family members during the period prior to your activation(s) (before you receive orders for activation).

4. What health care coverage do your dependent family members typically have prior to your activation(s)? Select all that apply.
   a. Through my civilian employer
   b. Through Consolidated Omnibus Budget Reconciliation Act (COBRA) from my previous employer (https://www.dol.gov/general/topic/health-plans/cobra)
   c. Through retirement coverage from my previous employer
   d. Through a family member's employer
   e. Through COBRA from a family member's previous employer
   f. Through retirement coverage from a family member's previous employer
   g. Through another organization
   h. Premium-based TRICARE Reserve Select (TRS) *[SKIP TO Q24]*
   i. Premium-based TRICARE Retired Reserve (TRR) *[SKIP TO Q24]*
   j. Premium-free TRICARE coverage through another family member *[SKIP TO Q24]*
   k. Through the Federal Employee Health Benefits (FEHB) program (www.opm.gov/healthcare-insurance/healthcare/)
   l. Through a state or federal marketplace (Affordable Care Act or Medicaid)
   m. Through Medicare or another government program
   n. Other, please explain: _____
   o. Don't know *[SKIP TO Q6]*
   p. My dependent family members did not have health insurance prior to the ACTIVATION *[SKIP TO Q6]*

5. Who is the named policyholder (sometimes called the subscriber) of your family's health care coverage identified in the previous question?
   a. Me, the Guard/Reserve member
   b. My (current) spouse
   c. My former spouse
   d. Other, please explain: _____

6. Prior to your activation(s), did any of your dependent family members typically have a particular doctor's office, clinic, health center, or other place to which they would usually go when they needed to see a doctor?
   a. Yes
   b. No *[SKIP TO Q8]*
   c. More than one place

7. Which of the following best describes the place where your dependent family members would go when they need to see a doctor prior to your activation(s)? Select all that apply.
    a. Doctor's office(s)
    b. Hospital clinic or outpatient department
    c. Emergency room
    d. Urgent care center
    e. Other, please explain: _____

8. Prior to your activation(s), what was the specialty of your dependent family members' usual provider(s)? Select all that apply.
    a. General Practice/Family Medicine
    b. Internal Medicine
    c. Pediatrics
    d. OB/GYN
    e. Other, please explain: _____

Health Care Coverage through Premium-Free TRICARE While Activated

*The next group of questions focuses on access to health care for your dependent family members during **any of your activations lasting** **more than 30 days** (after you receive orders for activation).*

9. If any of your dependent family members had health care coverage through a non-TRICARE plan **prior to any of your activations lasting more than 30 days**, did any of them remain on that health care coverage plan while you were activated?
    a. Yes
    b. No *[SKIP TO Q12]*

    If you'd like to share any additional information about your answer selection for this question, please do so here: _____

10. If yes, why did any of your dependent family members remain on their non-TRICARE plan(s) while you were activated?
    a. My spouse, former spouse, or other family member was the named policy holder/subscriber of my family's health care coverage, and they could not terminate the family coverage just because I was activated. *[SKIP TO Q12]*
    b. I was the named policy holder/subscriber of my family's health care coverage, and my employer paid my employee's portion of my family's health care coverage and kept it in force. *[SKIP TO Q12]*
    c. I was willing to pay my family's health care coverage premiums because I preferred it to TRICARE.

11. For which of the following reasons did you prefer to keep your family's non-TRICARE health care coverage active while you were activated? Select all that apply.
    a. Wanted my family to continue seeing their usual doctors, but those doctors did not accept TRICARE beneficiaries
    b. Travel to doctor(s) who accepted TRICARE beneficiaries was too long/difficult
    c. Doctor(s) who accepted TRICARE beneficiaries were not taking any new patients
    d. Did not like the doctor(s) who accepted TRICARE beneficiaries
    e. Wait for appointment(s) for doctor(s) who accepted TRICARE beneficiaries was too long
    f. Could not find information about doctors who accepted TRICARE beneficiaries
    g. Other, please explain: _____

12. When your dependent family members gained premium-free TRICARE coverage, which TRICARE option did they participate in?
    a. TRICARE Standard/Extra
    b. Enrolled in TRICARE Prime
    c. Enrolled in TRICARE Prime Remote for Active Duty Family Members (TPRADFM)
    d. I don't know
    e. I did not participate in TRICARE *[SKIP TO Q24]*

13. **During any of your activations lasting more than 30 days**, did any of your dependent family members miss any key appointments or **delay** getting **medical** care, tests, treatments, or prescriptions because a particular provider did not accept TRICARE beneficiaries?
    a. Yes
    b. No *[SKIP TO Q15]*
    c. I don't know *[SKIP TO Q15]*

14. If yes, in what year(s) did this happen?

    _____

15. **During any of your activations lasting more than 30 days**, did any of your dependent family members' usual doctors refuse to give them an appointment, or refuse to see them because their office practice, clinic, health center, or other place did not accept TRICARE beneficiaries?
    a. No, my dependent family members were able to continue to get care in all of the same places that they had gone to prior to gaining premium-free TRICARE. *[SKIP TO Q19]*
    b. Yes, there was at least one time in which my dependent family members were NOT able to continue to get care in the same places that they had gone to prior to gaining premium-free TRICARE.
    c. I don't know *[SKIP TO Q19]*

16. How many providers refused to give appointments or see your dependent family members because their office practice, clinic, health center, or other facility did not accept TRICARE beneficiaries?
    ____ [DROP DOWN BOX FOR NUMBER OF PROVIDERS]

17. Select the specialty of each provider that refused to give appointments or see your dependent family members because their office practice, clinic, health center, or other facility did not accept TRICARE beneficiaries. Select all that apply.
    ____ [DROP DOWN BOX FOR SPECIALTIES]

18. Why did your dependent family members **NOT** continue to get care in the same doctor's office, clinic, health center, or other facility that they went to prior to gaining premium-free TRICARE? Select all that apply.
    a. Doctor(s) not taking any new TRICARE patients
    b. Doctor(s) not accepting TRICARE beneficiaries
    c. Did not like the doctor(s)
    d. Wait for an appointment was too long
    e. TRICARE wouldn't approve, cover, or pay for care
    f. Couldn't afford care
    g. Other, please explain: _____

19. **During any of your activations when your dependent family members were covered by premium-free TRICARE**, was there a particular doctor's office, clinic, health center, or other facility that they would usually go if they were sick or needed advice about their health?
    a. Yes
    b. No *[SKIP TO Q21]*

20. Which of the following best describes the place where your dependent family members went, if they were sick or needed advice about their health **during any of your activations when your dependent family members were covered by premium-free TRICARE**? Select all that apply.
    a. Doctor's office(s)
    b. Hospital clinic or outpatient department
    c. Emergency room
    d. Urgent care center
    e. Other, please explain: _____
    f. I don't know

21. **During any of your activations when your dependent family members were covered by premium-free TRICARE**, what was the specialty of the provider that your dependent family members usually went to if they were sick or needed advice about their health? Select all that apply.
    a. General Practice/Family Medicine
    b. Internal Medicine
    c. Pediatrics
    d. OB/GYN
    e. Other, please explain: _____
    f. I don't know

22. **While covered by premium-free TRICARE during any of your activations**, did you or any dependent family member experience any of the following challenges? Select all that apply.
    a. Negative financial Impacts
    b. Difficulty with getting insurance claims processed
    c. Not able to continue using the same providers used before gaining premium-free TRICARE
    d. Lack of emergency care
    e. Lack of available primary care appointments within 50 mile radius
    f. Lack of available specialty care appointments within 50 mile radius
    g. Lack of available medications as prescribed
    h. Lack of access to available assistive devices
    i. Negative impact on medical readiness (not receiving needed care in a timely fashion to be medically ready)
    j. Other, please explain: _____
    k. No challenges experienced

23. Please let us know if there are any other issues about your usual providers not accepting TRICARE that you would like to bring to our attention.

_____

_____

_____

_____

What Should Your Future Selected Reserve Health Care Assistance Options Look Like?
The Department of Defense has been helping qualified members of the Selected Reserve cover the costs of health care coverage when they are not on active duty by offering TRICARE Reserve Select for purchase. However, some qualified members of the Selected Reserve choose not to purchase TRICARE Reserve Select. The purpose of this last portion of the survey is to learn about your preferences for assistance with covering some of the costs of health care coverage ***when you are not on active duty****.*

24. Which of the following options do you most prefer?
    a. DoD to continue offering TRICARE Reserve Select (The government pays 72 percent of the premium and then you pay 28 percent. This plan offers health care at a low cost but with less choice in health care providers.)
    b. DoD to pay me a cash allowance (linked to my drill participation) to help defray premium costs of coverage of my choice (The cash allowance would not be as much as your portion of the TRS premium and therefore would only pay for part of any other health insurance provided through your employer or open market. A cash allowance ouldwould allow you to select your own health plan, but it would only pay for part of any premiums that you would owe.)
    c. DoD to let me enroll in a health plan of my choice under a program like the Federal Employees Health Benefits (FEHB) program (An FEHB program may offer more plan and provider choice, but FEHB premiums ouldwould be higher than TRS premiums) – www.opm.gov/healthcare-insurance/healthcare/.)

Demographics

25. In what year were you born?
    ____ [DROP DOWN BOX FOR YEARS]
26. What is your gender?
    a. Male
    b. Female

27. What is your current marital status?
    a. Never married
    b. Married
    c. Divorced
    d. Widowed

28. Do you have any dependent family members in the Exceptional Family Member Program (EFMP)?
    a. Yes
    e. No

29. What is your annual household income?
    a. Less than $20,000
    b. $20,000 to $34,999
    c. $35,000 to $49,999
    d. $50,000 to $74,999
    e. $75,000 to $99,999
    f. $100,000 to $149,999
    g. $150,000 to $199,999
    h. $200,000 or more

30. In what state do your dependent family members reside? Select all that apply.
    ____ [DROP DOWN BOX FOR STATES]

Closing

31. Please let us know if there are any other issues relating to health coverage for dependent family members during activations that you would like to bring to our attention. Please do not include any Personally Identifiable Information (PII).
    _____
    _____
    _____
    _____

Thank you for your time and participation! Your feedback is greatly appreciated!

Appendix D – Discussion Group Facilitator's Guide

WIRB 20171666
#16371968.1

RCS#: DD-HA(OT)2660
Expires: Nov 30, 2022

Reserve Component Access to Health Care during Transition On and Off Active Duty: Discussion Group Guide

Thank you for attending today. We ask for your very candid participation today, and we'd appreciate it if what is said in this discussion group stays in this discussion group. Please do not share what is said during this group outside of this room. Your input will be helpful as we draft a report that Congress has required the Department to write.

SELF INTROS:
Let's start off by introducing yourself to the group, including:

- How long you've been in the Selected Reserve (Selected Reserve)?
- Were you active duty before joining the Selected Reserve? If so, how long?
- Have you ever been activated for more than 30 days? When was the last time and how long was it?
- Where do you and your family live? Is it near a military hospital or clinic?

Part 1
Today we are going to focus primarily on health coverage for your family rather than for yourself. We will not be discussing dental and vision coverage today, just medical. First, we'd like to get familiar with your family's health care coverage when you are not on active duty. Second, we will focus on your family's actual experiences when they were under TRICARE during the times you were activated as a Reservist/Guard member. Finally, we will shift back to your coverage as a Reserve/Guard family when you are not on active duty.

1. Does your family usually have health care coverage when you are not active duty?
    a. Have you ever had problems getting coverage for them?

2. What kind of health plan are they under now?
    a. Has your family had to change health plans very much? If so, why?

Part 2

Now we're going to discuss the times when you went on active duty and your family got premium-free TRICARE.

3. **During any of those activations**, did their prior health plan continue to cover them while you were on active duty?
    a. If yes, why?

    b. How did this decision make things easier or harder in terms of their health care access and coverage?

4. When they went onto TRICARE, what TRICARE option did they have?
    a. They remained in TRICARE Standard/Extra?

    b. Enrolled in TRICARE Prime?

    c. Enrolled in TRICARE Prime Remote for Active Duty Family Members (TPRADFM)?

Now we are going to focus on the time right before that TRICARE coverage was turned on.

5. Can you please tell us if each of your family members had a provider they liked to go to when they needed to see a doctor? It could be a particular doctor's office, clinic, health center, or other place?
    a. What medical specialty was that doctor or place?

    b. How important or unimportant was it that your family members had a provider they liked to go to when they needed to see a doctor (continued to see the same doctor/group/facility)?

6. Did any of the providers or places with whom any of your family members had an established relationship ever refuse to give them an appointment or see them because they would not accept TRICARE?
    a. What did you/your family member do?

    b. How did this affect your family member and their health care (e.g., financial impact, access to care, quality of care)?

7. Did you ever have any difficulties getting claims processed by non-network doctors who took you on as a TRICARE patient?
    a. If yes, please describe.

    b. Did you continue to see these doctors or start going to other doctors to avoid this issue?

c. How did this affect your family and their health care (e.g., financial impact, access to care, quality of care)?

8. For those who had family members in TRICARE Prime or TRICARE Prime Remote around the time you were activated, did any of their primary care managers or primary care providers ever refuse to give them a referral to a doctor or place with whom they had an established relationship from before you went on active duty?
    a. If yes, what did you/your family member do?

    b. How did this affect your family member and their health care (e.g., financial impact, access to care, quality of care)?

9. For family members who were on a non-TRICARE health plan before an activation and then moved to TRICARE Prime during the activation, did they ever miss any key appointments or experience any delayed medical care, tests, treatments, or prescriptions you/they or a doctor believed necessary?
    a. If yes, tell us about it and the year it happened?

    b. How did this affect your family member and their health care (e.g., financial impact, access to care, quality of care)?

Part 3

Now, we are going to move into the last part of our discussion today. As you know, the Department of Defense has been offering TRICARE Reserve Select for purchase by qualified members of the Selected Reserve for over a decade now. Members pay only a portion of the premium costs with DoD taking care of the rest. This helps TRS members cover the costs of maintaining health care coverage when not on active duty because DoD covers part of the premiums. But not all qualified members purchase TRS. As DoD considers possible changes to this system, we'd like to hear your preferences and opinions regarding health coverage and what you'd like to see.

10. What are the most important considerations for your family when it comes to choosing a health care coverage plan?
    a. Being able to see your preferred providers?

    b. The cost (premium, co-pay, deductible)?

    c. Ease of enrollment?

    d. Ease of processing claims?

    e. Others?

11. When you think about the civilian health care coverage available to your family, what components of a health care coverage plan are important to your family?
    f. What components do you like?

    g. What do you not like?

12. When you think about the health care coverage available to your family through TRICARE and getting on premium-free TRICARE when activated, what components of a health care coverage plan are important to your family?
    h. What components do you want/like?

    i. What do you not want/like?

    j. What would you like to see?

As DoD considers possible changes to this system, we'd also like to hear your opinions on three different possible approaches to help you cover some of the premium costs for health care coverage when you are not on active duty. The three possible alternatives we'd like to discuss with you are:

a. DoD continuing to offer TRICARE Reserve Select. With this approach, the government pays 72 percent, and you pay 28 percent of the premium. This approach offers health care at a low cost but with less choice in health care providers.

b. DoD paying you a cash allowance (linked to your drill participation) to help cover the premium costs for the coverage of your choice. This would mean that DoD would no longer offer TRS. The cash allowance would not be as much as your portion of the TRS premium and therefore would only pay for part of any other health insurance provided through your employer or open market. A cash allowance would allow you to select your own health plan, but it would only pay for part of any premiums that you would owe.

c. DoD allowing you to enroll in a health plan of your choice under a program like the Federal Employees Health Benefits (FEHB) program. This would mean that DoD would no longer offer TRS. An FEHB program may offer more plan and provider choice, but FEHB premiums would be higher than TRS premiums.

13. Would you prefer for DoD to continue offering TRICARE Reserve Select? Advantages? Disadvantages?

14. Rather than TRS, would you prefer for DoD to pay you a cash allowance (linked to your drill participation) to help pay for part of the premium costs of coverage of your choice?

15. A program like the Federal Employees Health Benefits (FEHB) program uses commercial health insurance carriers. Depending upon where you live, you could choose among several plans, but it would also probably cost more. Rather than TRS, would you prefer for DoD to let you enroll in a health plan under a program like that?

16. Now that we have discussed each of these possible alternatives, which option do you most prefer?
    a. DoD to continue offering TRICARE Reserve Select.

    b. DoD to pay you an allowance (linked to your drill participation) to help cover premium costs of coverage of your choice. Remember, this would mean that DoD would no longer offer TRS.

    c. DoD to let you enroll in a health plan of your choice under a program like the Federal Employees Health Benefits (FEHB) program. Remember, this would also mean that DoD would no longer offer TRS.

17. Before we let you go, are there any other issues relating to getting on premium-free TRICARE by families of Selected Reserve members called to active duty that you would like to discuss?

Thank you for your time and participation today. Your input will be helpful as we draft the report that Congress has required the Department to write.

Appendix E – Discussion Group Results

Similar to the survey results, the results from the discussion groups suggest that current Selected Reserve members are generally satisfied with TRS and TRICARE. Discussion groups revealed that members appreciate the low premiums and generous coverage, while satisfaction with available network providers varies. At many discussion group locations, Selected Reserve members noted no issues with finding providers who accept TRICARE. However, at many other locations, discussion group participants reported that the specialty care network is limited, particularly in remote areas, and in pediatric sub-specialties.

Although Selected Reserve members are generally satisfied with their TRICARE benefits, the biggest challenges reported by the discussion group participants seem to occur when transitioning off of TRICARE and back onto the health care coverage they use when not activated for more than 30 days (e.g., coverage through a civilian employer, FEHB, TRS, or other government-sponsored health insurance). Challenges in this transition period can lead to coverage lapses, delayed care, denied insurance claims, and unanticipated out-of-pocket expenses. In addition to the effects these challenges can have on a member's finances and on the health care received by the member's dependents, they can also impact the readiness of the member. For Selected Reserve members who are already anxious about leaving family for an activation, the stress of ensuring that family members are receiving the health care they need while the member is away can negatively impact the member's mental preparedness for his/her mission.

To minimize these challenges, discussion group participants want system improvements through greater automation when changes in status occur (including better communication between DEERS, TRICARE, and other insurance plans). They also want more communication and notifications to Selected Reserve members from TRICARE about the transition processes, so that members are fully informed and aware of any changes that will take place prior to, during, and after activations lasting more than 30 days.

The following sections detail the major themes heard across discussion groups and discussion group locations, including quotes from the discussion group participants relating to each of those themes.

A. Transitions Can Interrupt Care

Although there was generally high satisfaction with TRS and TRICARE, discussion group members from most groups conducted described instances in which transitions on and off active duty resulted in interrupts to continuity of care. These instances included the transition from premium-free TRICARE back to TRS, preferred doctors not participating in the TRICARE network, and rules about the timing of enrolling into TRICARE.

1. Re-Enrolling into TRS

The most frequently voiced frustrations about transitions on and off of TRICARE related to the transition back to TRS from premium-free TRICARE. Many discussion group participants who enrolled in TRS prior to activation had difficulties re-enrolling upon returning from their activations, leading to gaps in coverage and unanticipated out-of-pocket expenses.

1. *With a wife and kids, that was unnerving…couldn't speed that process up. Prime back to TRS is not as seamless as TRS to Prime, and that gap of coverage is concerning due to needing to pay out of pocket in case anything happened. That would be an area of improvement. Hey, we only care about you if you're coming on orders and not so much if you're going off orders. Oh really, you only care if I'm becoming active duty?*

2. *Transitioning onto [TRICARE] was painless. The only tricky point was when we transitioned off of active duty and had a gap in coverage due to the clerical issue.*

3. *Re-enrolling, it took too long to kick in. And out of nowhere, bills start coming in. You had 30 days after [change in status] but we weren't notified when coming back. It's weird that it's automatic when you're activated, but not automatically switched back to Reserve Select afterward. No notice when coming back. Why only first of month is enrollment period (uncovered for rest of the month if a few days late).*

4. *With Medicaid, it's confusing. I don't know if my son is covered or not. He was on Medicaid. When I was deployed, it went automatically to TRICARE. When I came back, he wasn't under Medicaid. He was enrolled in his father's insurance. He went to the hospital and I tried to cover him under TRICARE, but it didn't cover everything. It was confusing.*

Discussion group members expressed confusion about when and how they were supposed to re-enroll into TRS when they came off of active duty. Several discussion group members reported that they tried to re-enroll in TRS after their activations, but were unable to do so. As a few discussion group members stated:

5. *When I was on TRS, it was so easy, but now switching over to being a technician, it's been a lot more challenging. It's different people to call to turn it on and off…it's not all in one place and recently I've been getting these calls about how [I have gaps in my coverage]*.

6. *When we came off of TRICARE Prime/TAMP for the deployment and wanted to switch to TRS, there was a freeze. We did not have health care coverage for two weeks. We had to hope that nothing would happen in those two weeks. There was a gap for those people coming off of TAMP*.

7. *Only thing is the transition hiccup (Prime to Reserve). Having to reenroll when transitioning needs to be fixed. Being locked out for 3 weeks or so is a real concern. DEERS updates take too long.*

8. *Discussion group participants from most groups described a need for the transitions in health coverage to be more automated in order to make it a more seamless process:*

9. *Ideally for the future, automation is the way to go. Want someone to vet whether or not someone is on orders and is eligible and they push a button and it triggers a series of events.*

10. *Transitioning on is fairly simple, someone flips a switch at DEERS, but transitioning off is confusing because no one tells you that you're going from Prime to Extra or to Standard, so you have to re-enroll, but no one tells you that. And then you have to pay two months ahead of time…. The transitioning off, to me, it's like this secret. But as soon as you come off orders, it should be automatic and easy. Instead it feels like I have to call and ask and find out.*

11. *Why don't they just automatically re-enroll us into your previous insurance when we get back?*

12. *It's not a huge issue, but we're automatically enrolled in TAMP, when we have to re-enroll, it's not automatic, we have to call in. When something comes up 6 months down the road and we forget to call in, we have bigger issues. Why isn't it automatic?*

13. *We're in 2018 now, there's a lot of automation in the world, but we're behind…. The service is great, we just had a baby, but tomorrow I have to go back to DEERS to make sure that the baby is on TRICARE. I already went once, but now I have to go back…I'd like to see something more automated… It'd be beneficial for those that don't have a DEERS office nearby. You have to get off of work, and drive. It'd be nice if I could just send things from my office and just have things seamlessly happen.*

14. *My biggest experience that I think a lot of people go through is the seamless switch to activation…we had a 100 members come off of active duty, so there are a few things that have to happen on the backend here with our orders status….And that doesn't quite happen seamlessly. And there are things that need to happen, you have a member on TRICARE too long who doesn't transfer to TAMP, or you have med hold members and their orders get extended, and they experience gaps in coverage…. You have members without insurance and the offices don't talk to each other. Automation doesn't exist and you have to deal with the collateral damage that that causes.*

15. *Years and years ago, I had Blue Shield and the transition between when I was on orders and back to them was literally a phone call. Now I'm on TRS, if I could afford Blue Shield I'd be on that; TRS I can afford, but I have to literally reapply and fax something, maybe they got it, maybe they didn't, when I call they won't call me. It's a complete red tape nightmare…there are problems with ease of use. You don't really know if you're covered until they cover something. That interim part of the transition, I thought it would be easier because it's TRICARE to TRICARE…I thought it would just be a mouse click…it doesn't happen like that, it's a guessing game, and I don't get why. I get kind of spun up about it.*

16. *In addition, when you have TRICARE Prime, you automatically switch to Standard when you come off deployment. If you're in Prime, you should be able to stay on Prime. The default option should be to continue what you have.*

17. *In theory, TRICARE Reserve Select is very affordable. I've been happy with the coverage that we get through TRICARE. We've had a lot of ass pain too. If they could streamline it a bit so it doesn't happen every time that would be really helpful.*

Additionally, discussion group participants in most groups indicated that communication between individual units, DEERS, the TRICARE Regional Contractors, and the members themselves was frequently cited as problematic. Too little communication and miscommunications between these parties mean that members and their families must sometimes invest significant time, effort, and money to fix issues.

18. *Why can't TRICARE and DEERS talk to each other?*

19. *You get different answers with every issue. It would be great if they could fix the customer service in TRICARE. There should be a state representative.*

20. *Inconsistency between one place and another where one says you're switched to another system and another says that you're not. Why is it so slow? I won't go [for a doctor's appointment] unless I'm absolutely sure they can see me in the system [to avoid up-charged bills that have no coverage].*

21. *After this last deployment, we were supposed to get on our own insurance immediately. On July 8, they [his family] needed coverage. We did not have answers about how to get that coverage until late July. By then, basically, it was like we needed to call a number and get ourselves straightened away by August 2. Everything was supposedly okay, but I got slapped with a $900 bill that wasn't covered. I had to go on to dmdc.mil. I checked my status. This lady [customer service representative] had to put in a special request to fix her [my wife's] DEERS. She need to call back to see if it got rectified. We were entered in as TAMP-eligible, but we weren't TAMP eligible. I was told that all of the soldiers*

in my unit were fixed. However, I didn't get things fixed up, so I don't think that was the case. I am not sure how many people were affected.

22. *That's the biggest pain is having turned my private insurance off, they think that that I have a secondary insurer, so it's a battle to try to get them [TRICARE] to pay. There's no method to the madness… This past time, my daughter had to go to the emergency room, which is several thousand dollars, and when you're talking about that sums of money, owing that amount can affect our security clearances, so it's a readiness issue.*

23. *For my family, it creates additional work, unnecessarily, for our physicians. When you're going back and forth between blue cross blue shield and TRICARE, they might send the bill to the wrong place and it creates this [negative situation].*

24. *This has happened to more than one person in my unit, and it happened to me. My son is on TRICARE youth. They automatically withdraw that from my checking account. One day, when I was deployed, it didn't go. It was a TRICARE issue. Within the next month, they sent something to my home, but no one was home, they cancelled my TRICARE. Because they said I failed to pay. [Now I had to pay two months in advance, it wasn't my fault. It's your fault]. They didn't care. This has happened to me twice. Now, if you miss it, it's more difficult to get back on.*

25. *I have been on orders for a while, and every time you get a new set of orders, I get an email that says, "Your TRICARE has changed," but then you have to go back through the process of going back to saying I need to change from Standard to Prime. But if you miss that email (I only see it if I am work), and if you miss that email, you will have a bill coming to your house. And our PCM changes as well. I have had appointments and I ask them for information and I am not even in the system anymore, so I have to call to fix it.*

26. *It is difficult to transition [between primary insurance holders]. We have to go to DEERS physically. They do not accept phone calls. They have to go to office in person to switch sponsors [the primary insurance-holder].*

27. *The DEERS system in general is burdensome. They should modify who is able to make changes to DEERS. If the battalion could make changes to DEERS, that would make our lives much easier. If the reserve components could have the power to change DEERS or put in a request directly, that would be very helpful. Their unit could not take off their TAMP eligibility. The unit or state could not make the changes. They could not make the changes themselves. They have to work through administrative processes.*

28. *Our orders aren't continuous. I've had three sets of orders for the same time frame. It takes a day and a half to solve this issue, going to the DEERS office etc. to get on regular active duty TRICARE. When they issue another set of orders I then have to do that exact same process again, when you come off of active duty they don't just start up TRS, you then have to go and enroll again. In every step of the process, you start from scratch. And you don't get a heads up that this is happening. You get a $600 dollar bill from the doctor and say what the hell. I was turned away by a military clinic at some point. I had my orders with me, and they said no you have to go see DEERS and DEERS has to enroll you as an active duty member. We can't treat you.*

29. *Another frustration…especially with us on med hold orders, our orders are only good for 90 days, so we have to get new orders issues, and it's supposed to be automatically uploaded to DEERs but it's not. So I've been kicked off of TRICARE three times.*

30. *The systems aren't pro-actively talking, it's only after someone lights a fire [that things get updated]*.

31. *Sometimes you have to go to DEERs, but unless you walk it into them, your records might not get updated through DEERS.*

32. *I've been around for a while so I know how to do this, but when I get orders, I go straight to DEERs and say code me, but these younger guys think it'll happen automatically, and it's supposed to, but sometimes it doesn't.*

Miscommunications and a lack of communication between systems not only require members to spend time, effort, and money to fix the issues; they can also lead delayed care for the members' family members.

33. *Every set of orders I have to go personally into DEERS… It's really frustrating because of that amount of work and effort that I have to put into this. And it causes missed appointments, if my wife is going to any kind of specialty, it adds to the timeframe for being seen… There's a lot of consequences that I've run into… It's time and time again. That's my biggest gripe. It's really frustrating to the point of wanting to bang your head against the wall.*

34. *With my wife on pain management… for her to run out of that medication, it's really dangerous and painful for her if she can't get it filled. And we'll pay out of pocket, but it's very expensive. And I'm on blood pressure medicine and I was down to one pill, and it's dangerous to have gaps like that. When we get new orders, it should be uploaded to DEERS immediately.*

35. *Earlier this year, when we were on TRS, my wife had gall bladder issues and needed to have an endoscopy done and the doctor had made the referral that needed to go back to TRICARE. And while my wife was sitting there in excruciating pain, we had to wait a week and a half for the referral. I don't know if TRICARE wasn't communicating with the doctor or where [the miscommunication was] but it seems like things don't talk. People don't talk.*

36. *I needed to get an MRI, but I was kicked out of the system because DEERS hadn't been updated. Literally that day, I had to scramble to get it approved, and if it hadn't and I missed my appointment, I'd have to wait another two months to reschedule. It pushes your care back so far.*

37. *For me it was, calling TRICARE, knowing that my orders were ending. My wife goes to the doctor with my daughter three days later, and we weren't covered. But TRICARE will gladly backdate, but during that period, you don't have coverage. We had to wait like three four days to go back to get the prescription.*

2. Timing of Activation

Discussion group members noted that TRICARE coverage begins on the first day of the month AFTER the member enrolls. Therefore, if they receive orders early enough, family members can enroll in TRICARE before the activation begins. However, many Guard members do not get sufficient notice, so if they take TRICARE, their families are uninsured until the first day of the next month.

38. *There's some confusion over the 180 days. Technically, you're supposed to get TRICARE Prime 180 days before you deploy. Sometimes, [the TRICARE Regional Contractor] will backdate it all the way, sometimes they will activate it back to where they got their orders. The coverage won't show up in the system. There's still some confusion. All of the paperwork doesn't flow.*

39. *There's no time gap in between the orders but you still start from square one with a new set of orders.*

40. *We get a one week window to get everything done, if your family has current conditions or whatever, a lot of people don't have that, or take that. We're not educated by the AF or DoD on what to do, if you have two insurances how they cooperate with one another.*

3. Paying Two-Months' Worth of Premiums upon Return

Discussion group participants from some groups mentioned the financial stress of paying two months' worth of premiums up front upon returning from activation:

41. *Paying two months in advance is a hardship. Maybe I can understand the first time you enroll, sure the first time, but [we get activated a lot], you get penalized. You're paying the same amount, but you're paying two months in advance. For junior guys, that's a hardship.*

B. Available Providers and Continuity of Care

Many discussion group respondents reported that their family members did not have trouble finding doctors who would accept TRICARE when they were activated. However, satisfaction with the network was also related to knowledge about TRICARE.

42. *My family was able to continue with the same provider. My wife and I had a child right before I went on active duty. The baby was a little bit early. Both the baby and my wife continued to go to the same doctor.*

43. *I live so close to the Navy base so a lot of nearby practices have a good relationship with TRICARE.*

44. *…as long as I stay on top of it, it won't be an issue—but that is me doing my due diligence and making sure my family is covered, but if they fall off the books; they default to Prime [when he goes on active duty] but I have to make sure to put them back on Standard. As long as I stay on top of it, they will be okay. But I have to make sure I get ahead of it by 2-3 days so they go back on Standard. We do Standard so we have the provider choice, and it was easier for us to do it that way. We did not do [name of military base] because of the wait time, so we did Standard so we can choose providers.*

45. *Not that hard to find a doctor, because you can do it on the TRICARE website and look for providers that take the insurance, so makes it easy. All the info is on the website (different experience from others). It's mostly lack of knowledge. I think it's easy for friends to say bad things about a faceless [TRICARE] entity. It seems pretty good to me, and when I didn't think it was working well it was due to ignorance.*

46. *We've been fortunate with finding providers. We've been able to continue using the same providers when transitioning from TRICARE Reserve Select to TRICARE Prime Remote.*

However, not all discussion group participants were able to continue to use the same providers. For these participants, it meant additional stress during their activations as they or their family members attempted to navigate an unfamiliar system. Discussion group participants from most groups conducted reported wanting greater provider choice. Those who discussed challenges in finding providers who accept TRICARE were often those on Prime, those who needed specialty care (especially pediatric sub-specialties), and those residing in rural areas. In several discussion groups, participants stated that they did not know which providers accept

TRICARE, and had spent a significant amount of time calling providers until they found one that would accept TRICARE.

47. *I do wish there were more providers available on TRICARE.*

48. *We had to make changes because [our preferred provider] doesn't take Prime, so you lose that continuity. My wife is pregnant and we are using TRICARE, and…the baby will be here when I come off orders, and we are building continuity with this TRICARE provider, but when I come off active orders in March, we have to switch back to my federal insurance. So we are back and forth and back and forth. We will have to switch doctors in the middle of the pregnancy.*

49. *I really like TRICARE because it's honestly affordable and I've had no issues but I think it's difficult to be referred outside the TRICARE network—if you need to see a specialist or something, it's not happening. I was remote active duty in Alaska and there's no option to see a specialist.*

50. *I can't put my son on Prime because it'd be a two hour drive. We're so rural up there. My son can't go to a pediatrician because it's two hours away.*

51. *My daughter has autism, we had to fight with the only provider in the area…ultimately we couldn't afford it, we did get a waiver for the part of the school that did provide some help eventually but we had a lot of out of pocket expenses in the meantime. The preferred provider did not take TRICARE, eventually we got a waiver for one program but the one that would have benefitted her the most wouldn't take TRICARE [so financial impact AND not seeing the preferred/most beneficial provider]*

52. *My son had a heart condition, and there were zero pediatric cardiologists. We paid out of pocket. The closest network provider was six hours away for us to do, so that wasn't realistic for us to take a vacation to see the doctor.*

53. *Network is number one for me, as well as cost. You might as well put [cost] on top for everyone. We pay a lot less than for civilian coverage and the care is just as good if not better…But mental health is different; it's a whole other game…. You're restricted as to who you can see and when. So you can get mental health care, but the most recent thing is that they changed providers and didn't tell you and so we had to change our providers and now someone you don't know is asking you questions. So it's been irritating and a bit more difficult to get doctors into the network and they want you to see someone else, but it's like no, I've been seeing this person for years, why should I change?*

Another challenge faced by those who do not live in close proximity to a military base is that the providers available to them who do accept TRICARE sometimes are unfamiliar with how TRICARE works or what services are covered.

54. *Many of the doctors took TRICARE, but they didn't know to process the payments.*

55. *Often times people at doctors' offices don't understand the TRICARE system, so they often say that something that's covered isn't, so then we have to work with them to get the coverage.*

56. *There are so many different clinics, etc. Some of the clinics in-network with TRICARE have little experience with it. When we go to the hospital there, we still get stuff kicked back. People in billing are not aware. I'm not sure how to liaise/make better. The providers are in-network, but they have no idea how to work with TRICARE or how to bill them.*

Others experienced negative financial effects due to this lack of continuity of coverage. The most frequently cited negative effect was additional expenditures. These expenditures included premiums to continue to pay for the health insurance that the family had utilized prior to activation. In both the survey and in the discussion groups, many Selected Reserve members (57.01 percent of survey respondents) who are insured by civilian plans or FEHB reported that they chose maintain this coverage during activations. They give two separate reasons for this: to avoid having gaps in coverage when activated mid-month, and to ensure that their family members can continue to see their usual source of care.

57. *We opted to continue my FEHB due to continuity of care. As a reservist who frequently goes on orders exceeding 30 days, and up to 1 year, this is always a challenge with family members requiring specialized care.*

58. *The majority of us try to keep our civilian coverage, to avoid these issues [lags in coverage].*

59. *I just stayed on my existing [civilian] plan because it's a hassle.*

60. *My family stays on employer plan. It's easier. They don't have to make phone calls. They can go straight to doctors and don't have to make any appointments. It's easier for them to visit a doctor and get their prescriptions.*

61. *To keep our doctors… it doesn't benefit us at all to go Prime, with the short amount of time that we spend on orders.*

62. *My wife was seeing an endocrinologist, and she liked that one. It was important enough that she would pay out-of-pocket to see that doctor. The specialist was not on TRICARE Prime's approved list.*

63. *[Continuing to see the neurologist] was very important because he is very familiar with my wife's case. Having to go to someone with no clue [would be] a pain in the butt. TRICARE insisted that she keeps going on base. My wife's neurologist was on the TRICARE list, but TRICARE was trying to insist that she go on base. We decided to stay with that doctor and pay out-of-pocket.*

64. *My three year-old son is in speech therapy. They [TRICARE] were asking to drive an hour to go to a Prime-eligible provider. We chose to get treatment through the school rather than the clinic.*

65. *They didn't take our family doctor, so we said screw it, and we're not going to deal with this and switch doctors. My daughter is autistic and finding a doctor that she is comfortable with is important.*

1. Issues with Pharmacies

A few discussion group participants expressed frustration with getting prescriptions filled at some pharmacies, with some pharmacies accepting TRICARE while others did not.

66. *We've had trouble with pharmacies. I'm not sure if they [the pharmacies] have a lower number of people that use TRICARE, so don't know the process for getting paperwork filed. I had to submit a request for reimbursement directly through TRICARE due to confusion on the part of the pharmacy.*

C. Confusion about Benefits

In addition, there is some confusion about the benefits offered under TRICARE. This included confusion about the differences between TRICARE plans (Prime versus Standard/Extra), as well as confusion about dental coverage.

67. *I just wish when you transition from TRS or into TAMP, going into and out of Prime, It just needs to be a little easier. I don't understand the purpose of having Standard and Prime.*

In general, discussion group participants from several locations indicated a need for TRICARE education and resources to help them navigate the transitions in health coverage when the member is activated for more than 30 days.

68. *We get a one week window to get everything done, if your family has current conditions or whatever, a lot of people don't have that, or take that. We're not*

educated by the AF or DoD on what to do, if you have two insurances how they cooperate with one another.

69. *When my wife signed up for civilian insurance, the company sent a packet that was specific to where we were. If they had a regional book for TRICARE, that would be very helpful. Right now, when I have a question, I Google TRICARE and dig on the website. I get a lot of roundabout on the phone. It would be helpful to have a TRICARE [state] representative who understood the providers available.*

People who deploy as individual augmentees (without their unit) have more difficulty and less information.

70. *It's easier when you're a part of a unit coming back, but if you're an individual coming off orders, you're an island. There's no support. There's got to be somewhere you can go to for information.*

71. *If you don't know someone who understands the process, good luck to figuring it out. If you call, they just pass you from one person to another*.

In several locations, discussion group members reported that the TRICARE contractor provided educational sessions prior to their activation, which they felt was very helpful.

72. *We had some people from TRICARE come to try to explain Prime versus Standard. It was good that we had TRICARE come and brief us. It's just sometimes it's kind of a big decision to make. If you're not familiar with Prime, need to learn that have to go to PCM to get hired out.*

73. *Someone from TRICARE came to talk to me when became active, and that was really helpful to understand your will, etc. Many young guys so any information was helpful. During mobilization, not exactly right timing due to all that was going on, but it was something, so that little bit did help. Going into more depth would have helped too.*

74. *The Yellow Ribbon Organization was great. They brought in a rep and answered a lot of questions.*

1. Plan Choice

Discussion group participants, especially those whose family members receive care from specialty providers, seemed to prefer TRICARE Standard to TRICARE Prime.

75. *We switched to Prime. I hate Prime. If you need a specialist, you need a referral from your primary care physician. So we changed back to Standard. We could use the same doctor we had before. Our main doctor didn't take Prime.*

76. *With Prime, not Reserve Select, we have to get a referral from a doc. That process can take three weeks, six weeks – it takes a long time. You're outside the limits sometimes [you get a referral and your coverage ends or the referral period is too short], you have to tell them what you want [multiple visits, long time to use the referral], otherwise you're playing the referral game.*

D. Readiness

Dealing with the many challenges associated with transitioning on and off of TRICARE when activated for more than 30 days can add stress to an already stressful experience for Selected Reserve members. The added anxiety from worrying about whether their family members are receiving the health care they need can affect their readiness for their mission.

77. *This happened to my wife. She had a neurologist that she was seeing. The PCP "wanted her to go to a different neurologist for some reason. It made everything harder. That's my main thing with the military. Every transition should be as smooth as possible. TRICARE's one of those, when they tell me I'm leaving, it's stressful. When you get back it's even worse. It's not automatic. You have to call, and get the other one set up, and they ask for two month's payment, even though you've been with them for nine years. Transitions are the problem with TRICARE.*

E. What Do RC Members Want?

When asked about possible future coverage options for Selected Reserve members and their family members, discussion group members overwhelmingly stated that they wanted to continue to have the option to enroll in TRS.

78. *I don't even like the fact that you're asking this question; it means that they're looking to cut costs. If I'm looking at it right now, it'd have to be 1, keep TRICARE as it is, just make some [administrative] adjustments. I don't even know what I'd do if they got rid of TRICARE.*

79. *If they got rid of TRS, I don't know what I'd do… I love serving my country, but would it be worth it to spend that time away from my family? One of the biggest draws is the coverage. It's not the money. If you calculated our hourly, it'd be sad. So it's not that, but it's the retirement and the benefits down the road.*

80. *My wife and I talk about this all the time, why am I spending six hours on an airplane, spending all this time away from my kids, and risking my civilian job?… I'm here for the benefits, not the pay. Frankly, I don't like flying half way across the country and spending time away from my kids.*

81. *Yesterday, my wife and baby had to go to the emergency room, so why am I here, it's to give them that coverage.*

82. *I still feel like TRICARE Reserve Select is the best option.*

83. *…had a non-TRICARE health plan years ago and after three transitions determined it was a train wreck. So TRICARE only now.*

84. *When everything is good, it's fantastic…that's why I'll never go to my civilian insurance, which is three times the price with a higher deductible….so I love TRICARE.*

85. *I have had TRS since it came out and there have been hiccups but for the most part, I don't think you will find another insurance out there for the price and the coverage. With Reserve Select you get an 80-20 with a catastrophic cap of $1000. There have been years I would have had to pay a lot more than that with civilian insurance. It has covered all three of my kids.*

1. Considerations in Choosing a Health Plan

When asked about important considerations in selecting a health plan, a majority of discussion group members stated that costs (premiums and deductibles) were the most important consideration. Respondents also stated that provider choice was important. As one discussion group participant stated:

86. *Low-cost health care is one of the main reasons that he went into the Selected Reserve.*

87. *I'd keep it. I've looked at other plans. For anywhere near the coverage it offers, [the premiums are] easily 4-5 times as much.*

88. *The disadvantage is TRICARE is a relative lack of choice. The advantage is the cost. I think that the services that we receive are good, especially given the cost.*

89. *[The most important considerations are] cost and being able to see the provider you want…and not having to switch your records over.*

90. *Opening up more providers to take our insurance would be the best idea. I live by [a major city], and there are no doctors there who take my insurance. It would be nice to have more doctors to go to.*

91. *The insurance is great, the copays are awesome. It's the hiccups and headaches getting on and off. I have friends who are joining just for the insurance.*

2. Continuity of Care

The survey did not ask members enrolled in TRS about their transition to TRICARE because this transition occurs automatically. However, the discussion groups made it clear that this transition can also be difficult. Discussion group members suggested Selected Reserve members deserve a better and more seamless health coverage system that will ensure continuity of care for them and their family members. They also mentioned that transitions would be easier if they could enroll in a single health care program when they are on and off of active duty, with the only difference being the amount of premiums that they pay.

92. *The reservists are kind of like the stepkids of the military.*

93. *The reservists today are not like the reservists in the past. We don't just serve one weekend a month and two weeks a year. I'm constantly doing reserve work on my own time. An admiral called me because he knew I would have the answers he was looking for.*

94. *It's always soldiers who are using it with their families that have issues. TRICARE is really failing the families that they're trying to provide coverage for. I am always hearing stories about soldiers' families being left behind.*

Appendix F – Survey Participant Comments

The survey instrument ends with an open-ended question prompting participants to share any other issues relating to health coverage for dependent family members during activations that they would like to bring to the attention of DoD and Congress. Due to the great number of responses garnered by this question, the study team is including Appendix F to report the major themes shared across the responses, as well as to share the actual words of the survey participants.

Of the 3,839 completed surveys, 1,112 survey participants (nearly 1 in 3 of all respondents) included a response under this open-ended question. Among these responses, survey participants addressed the following topics:

- 29% Challenges with transitioning back onto TRS following an activation lasting more than 30 days
- 16% Dissatisfaction with the FEHB-exclusion rule
- 8% Dissatisfaction with the limited choice of providers covered under TRICARE
- 6% Coverage lapses when transitioning on an off of TRICARE from civilian coverage when activated for more than 30 days
- 3% Challenges with referrals during activations lasting more than 30 days
- 1% Dissatisfaction with the requirement to pay two months' worth of premiums for TRS upon returning from an activation lasting more than 30 days

The following sections provide a selection of the survey participants' responses, in their own words.

A. Transitions and Disruptions in Continuity of Care

95. *TRICARE becomes more restrictive when I am activated and my dependents may have to see different doctors or take extra steps to in order to be seen by their normal doctors due to the PCM under TRICARETRS is much more beneficial to my family and if they could stay under TRS it would be easier and better for them.*

96. *TRICARE coverage for activated families is absolutely abysmal. I have been activated 3 times in my career and every single time our coverage is dropped and we have to sit on hold for hours over multiple days to try and fix the issue. The last time this occurred, we were not informed until a letter came in the mail over three months after I had returned to Selected Reserve status. Uniformed members should not have to worry if their dependents are covered while deployed and likewise, dependents should not have to learn that they do not have health coverage when they arrive at a pediatricians office for a three month visit with an infant. I have experienced both of these events and it makes me want to cancel TRICARE coverage and just use my spouses insurance.*

97. *Due to clerical error I had a one day break in orders while attending flight school. When I tried to get re-enrolled in TRICARE I was informed it would take up to 45 days to re-integrate into the system. My daughter was at home sick with ear infections. Her primary care provider on post at Ft. Rucker would not see her even if I provided them with a copy of my new orders. When I completed flight school and was PCS'ing, while my wife was pregnant. My wife has a rare blood disorder making her a high risk pregnancy and requiring blood tests once a week. TRICARE refused to assign her a primary care provider to our PCS location so that her records could be sent ahead and an appointment made for our arrival. We had to wait until we were located in TRICARE west to get assigned a primary care provider. After she was assigned a primary care provider the nearest appointment she could get was weeks out. This threatened both my wife and my unborn son's life.*

98. *It would be helpful if there were some way for TRICARE to offer assurances to health care providers that they would somehow bridge the gap between current insurers and TRICARE. Again, the gap in quality and accessibility between TRICARE providers compared to my previous health care providers was substantial.*

99. *When members with TRICARE Reserve Select get activated for more than 30 days they are automatically placed on TRICARE Prime, but when their orders end the member has to re-enroll in TRICARE Reserve Select and has to repay the two month in advance fee. This problems is what keeps me from having insurance through TRICARE. TRICARE is cheaper than my current insurance through my civilian employer, but I don't want the headache of having to re-enroll every time I'm activated for an extended period of time and have the possibility of my family not being covered.*

100. *During my current deployment almost everyone in my unit did not receive TRICARE until a month and half into our deployment, and we currently still have a few people who are having issues. I had one Soldier go into collections because his civilian health care plan stopped when went on orders for deployment but waited up to 3 months for his TRICARE to start. The issue was brought up many times to the State and it seemed that no one could fix it. No my Soldier has said he is not going to reenlist because the Army could not provide his family with the health insurance they need. He says that is just easier to stay with his Civilian employer and not have to worry about the gap between Transition from Civilian to Military.*

101. *My wife and I have been using TRS since my active duty orders ended. The coverage is unparalleled for the cost. However, as an ANG pilot, I am often going on orders for training, exercises, and deployments. If these go over 30 days, it will actually kick us off of TRS. If my wife has an appointment in this timeframe, we end up paying out of pocket, then I can submit a TRICARE reconsideration*

form, but I haven't had success in getting coverage back dated. So it's been a headache with the changes in coverage and getting dropped. Obviously Prime is the best option for coverage, and TRS is better than we can get on the market, but we are now going to pay for her insurance through her civilian employer and keep that on my activations as a backup just to make sure we have some coverage. It seems the underlying issue is the frequency I am changing coverage for something that most people wouldn't change more than once a year. I'm glad there was a survey for this.

102. *The transition back to Drill Status guardsmen. I know of multiple Airmen who have incurred significant out of pocket costs during these transition periods as well as time lost calling insurance companies, DEERS, & MPF.*

103. *If I am activated for 120 days in the middle of the policy year and have already met my out of pocket max with my civilian insurance I have to start over again with the TRICARE copay and then go back to a new year on my civilian insurance. This means I may have to meet 3 different out of pocket limits in one year depending on the length of my orders. This is a hardship on my family and more out of pocket expense.*

104. *Being a reservist, especially one that gets activated regularly, it is extremely difficult to transition from TRICARE Reserve Select, to TRICARE, and back to TRICARE Reserve Select. There is no continuity between doctors and providers, billing is a nightmare and usually ends up in money owed because it takes FOREVER to get reserve pay in order after demobilization, which is what the TRS deductions come out of. Trying to get doctors prognosis and inputs from one doctor to another, especially for injuries occurred while on active duty is nearly impossible and treatment usually has to start all over again with no continuity. And heaven help you if you are referred to the VA for follow-up care which is usually what they tell you to do when going through the medical portion of the demobilization process (which is a nightmare within itself)*

105. *I was unaware and received no notification that I was switching to the free-TRICARE instead of TRS. Because of this I didn't know that I had to reapply to regain my TRS coverage. While trying to re-enroll I encountered multiple problems/ miscommunications with TRS personnel at the help desk and still have not been able to re-enroll into TRS. I'm going on 4 months without coverage, each month trying to re-enroll and either getting false information or missing a signature and not being notified until the lapse of due date. Now the site is down, the woman I talked to recently stated she signed my family up over the phone, but I have been told that before and it did not occur. I have a 1 year old who goes to the doctor every three months for regular check-ups and recently found out I was pregnant. This has caused a huge strain on our family, trying to get back the coverage we didn't know we had lost by me going active.*

106. *During my last deployment in 2013 I was not using TRS, but was using my civilian employer health coverage. When I deployed and lost that coverage my wife (at the time) had to switch to TRICARE after I was deployed. This caused a great deal of emotional hardship on her. I am now divorced and my ex-wife has stated that one of the primary reasons for our divorce was the Army, specifically difficulties during my deployment that she could not get help with. One of which was changing health care systems without much assistance. I cannot do anything about this and am probably better off for not having her as a wife anymore, but this was a legitimate gripe on her part and should not be that way.*

107. *I had difficulty transitioning back to civilian health care and TRICARE did help to bridge that gap.*

108. *The biggest issue with TRICARE during activation is that it is a hassle to get my family members and myself enrolled, in a timely matter. Especially during shorter activations, 30-45, when we end up just using our private insurance. During the short period of activation my family is not able to take advantage of government paid TRICARE and continues to pay a monthly private insurance, to ensure coverage is not lost after the activation is over.*

109. *When activated I would like to option to continue to pay for TRICARE Reserve Select. My husband and children are used to their regular doctor and the ease of using Reserve Select and I would as the member would also like to keep it and not have to get referrals to doctors that I already see on a regular basis but now that I am activated for 39 days I have to either cancel a regular appointment with my doctor and wait till I come off order to see or try to get an appointment with my active duty Primary care doctor and get a referral and that takes 3 weeks. Reserve select works great for my family and I and I would like an option to stay on it and I will gladly pay the costs with it.*

110. *In addition to being difficult getting onto TRICARE, it was equally challenging transitioning off TRICARE when my activation was complete. TRICARE was quick to document that my family and I were no longer eligible for coverage, but didn't note that the coverage was continuous while it was available. My civilian insurance required additional documentation to re-activate my regular (civilian) policy. Next time, I may just keep my civilian coverage and pay for both TRICARE and my civilian policy to avoid the lapse in coverage that occurred when I was demobilized (90 days lapse in coverage).*

111. *Frequently orders are not received until within a week or two of deployment of more than 30 days, robbing family members of the ability to use TRICARE Prime for the 6 months prior that they should be able to.*

112. *My dependents had no issues relating to health care coverage, however I have had significant issues. I normally rely on TRS for health care, which is great.*

Issues arose when I was activated, and I was shifted automatically from TRS to TRICARE prime. I had medical test that were ordered and scheduled by my civilian doctor prior to activation. When activated TRICARE would not allow those tests to be completed because they were not ordered by a MTF, as required by TRICARE Prime. Therefore I left on deployment without have tests completed that my doctor felt needed to be completed because of TRICARE's inflexible beuarocracy and lack of regard for my health. The automatic enrollment in Prime upon receiving orders may be great in theory for people who do not rely on TRS normally. However in my case, automatically being enrolled on Prime equated to my health care coverage being taken away.

113. *I went on orders for 65 days. It took nearly 60 days for the TRICARE to process and be activated. During this period health care providers billed TRICARE and the claims were initially denied. Coverage was directed toward my FEHB provider since TRICARE hadn't been activated yet, due to slow admin processing. I had already turned-off my civilian/FEHB coverage. TRICARE finally turned-on and it was nearly time to switch back to FEHB coverage. Then my orders end, but it takes 2-3 months more for TRICARE to be switched back to civilian(GS) FEHB coverage. Medical appts. were scheduled for the duration of my time on orders and immediately after. It was a billing nightmare. I went on 60+ day orders twice this year and the experience was the same both times. I am shocked this process is as dysfunctional as it is. I've spoken with many coworkers (AF Reserve/ART) and this apparently this experience is very common and to be expected. Six months later and I think the mess is finally cleaned up, but it took far too much determination and coordination on our part to ensure the right bills were paid by the right insurance provider so we weren't stuck with outstanding bills.*

114. *For the reserve component, TRICARE is great and something that the member usually plans deployments around to ensure that they keep it. The hardest part about using TRICARE is the shift back to another type of insurance. If Guard members could keep TRICARE all the time or if it was an option in FEHB, and not just when on contingency orders, this would allow the members to focus more on their respective jobs and not on upcoming insurance swaps. For example, I recently came off TRICARE and had to pick up another insurance for 3 months to cover the gap before I come back on TRICARE for an up-coming deployment. So by the time I get everything ironed out on a temporary insurance, I now have to re-do all that paperwork for the plethora of doctors that my dependents see, just to undo all that as I transition back to TRICARE. Bottom line, the Reserve Component has TRS when not on orders and TRICARE when on orders. Adding TRICARE to be an option under FEHB would ease the transition between deployments.*

115. *I wish we had a 30 day window of coverage like FEHB immediately after we deactivate from active duty to have more time to get our previous health*

insurance back. It took me over a month to get my health insurance back from my civilian job.

116. *You would think transitioning between TRICARE Reserve Select and TRICARE Standard or Prime would be easy and seamless, but it is not. I have spent hours on the phone trying to get coverage backdated almost every time I have been called up for more than 30 days (at least a dozen times). I have been automatically disenrolled from TRS, but not auto enrolled in Standard right before having a baby. We really like TRS, but every issue we have had has been due to transitioning to or from Standard or Prime due to activations.*

117. *As a member in the military, it is discouraging to have to juggle insurance problems while serving your country. This is a problem that should be fixed without the military member having to suffer through it. Every time I am activated on a set of orders I and my family have to go through an insurance change, this is a hindrance to mission effectiveness because I cannot concentrate on the mission.*

118. *When Guard/Reserve members are activated or when returning from an active order, it is a significant stress event for the family to move between civilian employer insurance and TRICARE. Updating DEERS prior to starting an order is nearly impossible (try to get an appointment!) and ensuring appointments aren't dropped when moving between insurance providers can be a nightmare, even without considering the time it takes to ensure that any claims filed during the transition are processed correctly. After nearly 20 years in the Air Force, my last transition from an active order nearly caused me to retire at precisely 20 years and zero days---it was an incomprehensively miserable experience. You can help Guard/Reserve members the most by automating the process (ie. removing any/all required human input other than processing the order). If the experience had occurred earlier in my career, I simply would have quit the Service due to the stress it placed on my family. Personnel who only serve on active duty do not understand how difficult transitions to/from activation can be, so please find a way to help members of the Guard and Reserve.*

119. *I used to sell life and health insurance in the private market. The mobilization cycle is much faster than the insurance market - health insurance is important. Switching plans short-notice merely adds stress to the mobilization cycle (and a lot of paperwork). Sticking with my spouse's coverage is simply the best option to avoid extra duress.*

120. *Everytime I would become activated for 30+ days my family and I would be auto dis-enrolled from TRS and become covered under TRICARE Prime. However, once my period of orders ended I would not be auto-reenrolled back into TRS following the grace period. This is not a well-known situation and took me finding out due a lapse of coverage following coming off active duty orders. The re-*

enrollment required a lot of unnecessary faxing of paperwork when it should be automatic if the member was on TRS....gets activated....then when they come off active duty orders they should be auto re-enrolled back into TRS to avoid unnecessary paperwork and the services members potential for incurring a lapse in coverage when not understanding the process. For several years I was getting activated twice a year for greater than 30 days and required me to re-enroll twice a year after coming off active duty. On several occasions it was caused problems as my infant was needing medical care and when my wife would take our child in to medical provider she was being told that we didn't have coverage...again...due to the transition off active duty orders and trying to get TRS activated again. I was Selected Reserve during this whole time.

121. *When Guardsmen are mobilized, we really need the option of staying on a premium-free version of TRS (essentially TRICARE Select). Prime Remote *DOES NOT WORK* for mobilized Guardsmen because it often forces us to switch doctors when we need them the most, and we rarely work where we live. In this case, whether we're assigned a PCP based on our HOR zip or our unit zip, we aren't actually working near either, which makes getting routine care during mobilization extremely frustrating. Let us stay on TRS or TRICARE Select (like the rest of our family is placed on) so we can actually get care while mobilized (but still Stateside). I'm an E8 with 4 deployments over the past 10 years, and I cannot express enough how infuriating, and widespread, this problem is for mobilized Guardsmen, yet nobody is doing anything to change it.*

122. *I was not activated in the 2017 hurricane season, though I am aware that numerous Selected Reserve Coast Guard members were severely impacted by the lack of responsiveness of the TRICARE system. It was heartbreaking to hear of members who had no access to health care when their own homes were devastated by hurricanes and flooding and they were out responding to the call to help others in the disaster zones. Please update the military health care system to be more responsive to Reservists going on and off 30 day active duty.*

123. *Would like to see some form of continued coverage for Service member that allowed time to return to civilian employment. TAMP is only available to Service member that are recalled under title 10. A minimum time period of at least 30 days would be a buffer to allow those how are not eligible for TRS.*

124. *When activated, I was moved to TRICARE Prime. Once I returned from deployment, I was dropped from coverage on Prime during a freeze on enrollment. Due to no fault of my own, and literally because I deployed in support of my country, my family's health coverage was dropped and I cannot currently access covered medical support because I am uninsured. This could have been alleviated by simply keeping us on Prime until the freeze was over due to our extenuating circumstances. Instead, I am not currently able to be as ready to deploy as I should be due to TRICARE not taking care of it's paying customers*

and Service members like they should. Please fix this so no other families have to endure this kind of hardship following a deployment!

125. *Please setup DEERS and TRICARE as an automatic step through the AROWS process. Numerous times in changing order status, my DEERS coverage drops out. This has resulted in many periods of lapsed coverage or inaccurately reporting I have no coverage when I am in fact on orders. One such example: My wife had a miscarriage while on orders. I was getting paid, thought we had coverage but my DEERS coverage did not get updated as part of the orders extension. The TRICARE hotline had no record of our coverage and basically told us there was nothing we could do. We had to go to the hospital knowing the follow-on paperwork was going to be an issue. One less thing we should have to deal with in an extremely emotionally trying time. Also, auto-converting reserve component members from TRICARE Prime, TRICARE Prime Remote, and TRICARE Standard to TRICARE Reserve Select will ensure no lapse in coverage. TRICARE Reserve Select requires considerable days prior to sign up which if done once orders end results in a lapse of coverage.*

126. *The biggest problem with Health Coverage in the Reserves is the constant need to change it, and how difficult that is: For drill status, TRS. For temp tech positions, FEHB. For deployments and long TDYs, Prime--but then if orders are extended, as happens frequently, the member must make several different phone calls to ensure that Prime coverage is extended. None of these transitions happens automatically or quickly, meaning that there are frequent gaps in coverage--burdensome, dangerous, and potentially costly even if they are retroactively filled. Even once accomplished, the changes in provider options and coverage for the whole family are difficult to keep track of and interfere with good continuing care. The ideal solution would be to have a single plan that covered all statuses, automatically adjusting the member's contribution as status changes. A second-best solution would be to let a member elect ahead of time what coverage to have in each status, and transition them automatically and instantly.*

127. *During my 2013 activation my dependents had major medical issues going on, so I remained on my FEHB plan to ease the period. For orders less than 180 days, I probably would not drop FEHB to ensure continuity of care. for orders over 180 days, I would give it considerable thought.*

128. *When the coverage works, TRICARE is a blessing. Unfortunately, nearly every time I am activated, there is an issue with how my orders are processed or with the system and my family and I end up without coverage for a significant period of time. This generally comes to light when I am deployed, making it even more complicated to get the orders fixed and my dependents back under coverage.*

129. *Our experience with TRICARE, during my most recent year long mobilization, was such that we vowed never to use it. Several significant challenges brought us to this decision including: - Extreme prescription wait times at the [name of MTF] (sometimes requiring returning the next day to pick up) - Difficulty scheduling specific appointments for my youngest daughter for chronic pain - General user-unfriendliness of online options If I were to rate our satisfaction with TRICARE during my most recent mobilization on a scale of 1 to 5, with 5 being outstanding, I would rate our experience a 1.*

B. Change in Status Issues

130. *When a Service member transfers from the Guard to the Reserve, he/she is dropped from TRS. Once the soldier finds a new unit he/she is treated as a new enrollee and forced to pay 2 months up front. Many Soldiers do not have this luxury. The transfer from Guard to Reserve and vice versa should be at no cost and no break in coverage to the Soldier. There also needs to be a quicker notification process (v. snail mail) to let a Soldier know that he/she has been dropped from coverage. I was w/o insurance for almost 45 days. Because my previous unit did not notify me I had no coverage, I didn't know. This puts my family at risk w/o knowledge of and therefore no action taken to mitigate the circumstance.*

131. *There is no bridging plan like COBRA associated with TRICARE Select Reserve. I dropped to the Inactive [Ready] Reserve while I was transitioning between units and I immediately lost my health care. The transition was less than 30 days so finding my own health care would not be worth the effort and cost. During that time my wife had to cancel doctors' appointments and had to pay out of pocket for others. This created a medical and financial hardship on my family.*

132. *It is challenging in a dual mil family (one AD retired, on Reserve) to constantly switch plans and sponsors and to keep statuses correct in the system. My wife has been denied prescription benefits that she should have been entitled to under TRICARE Prime because the system showed her as a retiree.*

133. *The biggest issue I had was related to how the Guard Mobilizes. When we mobilized, we came on Title 10 orders on 28 April. However, to get a jump on train-up, our TAG has mobilizing units front load their AT and any remaining IDT days in the days/weeks before the Title 10 mobilization. In my case, through a combination of AT/IDT days stacked together prior to the 28 April Mobilization date, I was working/training in a Title 32 status for about six weeks prior to 28 April. So basically, I had to leave my full time job in the 2nd week in March. Since I get insurance through my employer, my insurance coverage ended from my employer the last day in March, but I could not get TRICARE for my family until 28 April. since I was still on title 32 status. I essentially had no health care coverage for my family for month.*

134. *I was recalled to active duty in 2017 with a report date of 27 Oct 2017. I came off of my health insurance as I TRICARE Northern region told me that my family and I would be covered under TRICARE for the 6 months PRIOR to activation, the 12 month period of activation, and 6 months FOLLOWINF release from active duty. I was only on active duty for 13 days (27 OCT-08 NOV), as during processing for my mobilization to Afghanistan, ECRC found me to be NPQ (not physically qualified) due to a service-connected disability and claim through the Veteran's Administration. A few days later, I went to the doctor. Afterward, I received an email from TRICARE saying that my status had changed. When I queried this, I was told that unbeknownst to me, TRICARE dropped me and my family on 08 NOV, my family and I were not covered for the 6 month window following my release from active duty. So, I had to get insurance through my employer in the open enrolment period and this is not activated until 06 January - so, as I write this, I HAVE ZERO INSURANCE COVERAGE FOR ME, MY WIFE AND OUR TWO YOUNG CHILDREN FOR A 2 MONTH PERIOD! Why did the Navy not inform me that my TRICARE coverage that follows release from active duty for 6 months would be dropped? ESPECIALLY GIVEN THE FACT THAT I WAS RELEASED EARLY DUE TO A SERVICE CONNECTED DISABILITY?! I was NEVER told I would not get the extended coverage for 6 months following my release from active duty and now my whole family is out in the cold on insurance!*

135. *I was activated as part of a C2CRE contingency force. It was my understanding that that was considered a contingency operation, therefore my employer would pay my employee share while activated. Mid-way through my activation, my pay role office determined that this element was not classified as a contingency operation that qualified for employee cost coverage through FEHB. I ensued a debt upon my return for the employee costs for the entire year. As my child was mid-treatment for cancer, I did not elicit the assistance of TRICARE to cover her treatment.*

136. *12304B type orders had wording changed in 2014/15 that prevented certain types of deployments from receiving the early TRICARE and the TAMP benefit. This created a lot of hardship for the Soldiers in my Unit because work up for deployment took them from their workplaces or had them transfer early and gapped their health care coverage.*

137. *As one half of a mil-to-mil couple (my husband is recently retired) we had a great amount of difficulty with continuity of care. Systems were slow to catch up to our status (my husband was a flyer and went on short duration deployments which would mess with who needed to 'claim' the children as dependents). We suffered periods over and underpayments, lost months of coverage and needless stress over straightening out the mess surrounding our situation with DEERS, MILPDS, TRICARE and private medical providers. There are many mil-to-mil couples and this problem has been going on for decades, so this should not be a surprise to*

the DoD. I am disheartened about the level of attention and resources that this issue has been given.

C. FEHB Exclusion

138. *I started a job as a federal civilian roughly 2 years ago. I was extremely disappointed to learn that federal civilian employees are not eligible for TRICARE Reserve Select. I left a high paying job in the private sector to join the government work force, largely due to my desire to serve my country. Being forced to use FEHB in place of TRICARE is costing my family thousands of extra dollars per year. I still serve as a Navy Reservist and therefore I should still be entitled to TRICARE Reserve Select, like any other active reservist. I've already raised this issue with my Congressman in hopes of righting this wrong for me and many others.*

139. *I'm a member of the National Guard and a DoD civilian. Due to current law I'm ineligible for TRICARE Reserve Select because I am forced to use FEHB. This caused me to loose TRS and choose a comparable FEHB. The side by side comparison increased my premium by $310 per month (Total Premium $520). That is more than double what I was paying. This needs to be addressed. I'm a Combat Veteran and should be able to use all the benefits that are provided to all other Soldiers. It's like being punished for serving my country in two capacities. This affects every Fed employee that's in the National guard. While I was on TRS the coverage was great! The only problem I would have was the requirement to reenroll in TRS after coming off of 30+ days of orders. It was more of an inconvenience than a problem. Doesn't matter now since I'm no longer eligible for TRS. Please bring this issue to the forefront.*

140. *I took a GS job when I got off active duty and wanted to use TRICARE select reserve but was not allowed to because I qualified for FEHB. Not being allowed to use TRICARE is a huge financial burden for my family. The burden is so great I am still contemplating quitting my GS job because the coverage they offer for children with diabetes is horrible. I should not have to quit a job because the insurance is too high, I have earned the right to purchase TRICARE Select Reserve, I should not be denied that right.*

141. *Also, being a recent transition to a GS position in the last two months and experiencing the switch from TRICARE Prime remote to FEHB coverage is not a beneficial one. Not only does the GS pay scale lag behind the military pay scale, it also forces you to pay $300, at a minimum, to have comparable coverage. I understand it is a numbers issue with funding the FEHB and the TRS program but when your colleague gets a benefit for the same drill weekend you are accomplishing it seems a matter of principle to offer the same benefit.*

142. *My wife and I are both reservists but cannot be on the same health care plan. I am a federal employee and am barred from participating in the health care options provided to me as a reservist. This is an enormous cost to me which has had me rethink federal employment while continuing to serve as a reservist. The health care provided by my service as a reservist was a huge contributing factor to continue to serve. Why am I being penalized for my federal service in conjunction with being a reservist?*

143. *I really want to stress the fact that it is a real hardship for federal employee reservists to be denied access to TRICARE Reserve Select. We make less money than private sector employees and are barred from the best benefit offered by the reserves. On multiple occasions, I was forced to pay considerably more to my insurance company to get care that I only needed for the reserve readiness. I was not sick, I was not injured badly, I needed a waiver for the PT test. This policy needs to be changed.*

144. *As a federal employee and reservist who lives the DC-area, my family would have lost their primary care physicians if I elected to use TRICARE. During my 2014 Mob, the federal government covered all portions of my FEHB. During my 2016-17 10+ month ADT, I elected to pay my portion of the FEHB to ensure the could keep their doctors.*

D. FEHB Exclusion for Federal Technicians

145. *Dual-status Federal Technicians should be afforded the right to utilize TRICARE Reserve Select, should they desire, and not be forced to use FEHB. The transition between the two programs during mobilization is so mismanaged that it causes major health care gaps, loss of coverage, overcharging for coverage, major out-of-pocket expenses, etc. Additionally, FEHB is significantly more expensive for most members.*

146. *Make TRICARE Reserve Select available for Air Reserve Technicians. Health care transitions from FEHB to TRICARE are a paperwork nightmare and any delay in processing may leave members without health care. Allowing us to use TRS would reduce the logistical steps involved in transitioning and reduce costs for members when on civilian status.*

E. Experiences by Families with EFMP Enrollees

147. *I have a special needs daughter with multiple disabilities and a typical, teenage son. My wife and I have worked hard over the years to establish relationships with physicians, nurses, and practices to provide a high level of quality care. Oftentimes, I am able to make a phone call and easily obtain advice, a prescription, a referral, or an appointment. When I was most recently activated I looked through all of the physicians and locations offered and was sorely*

disappointed. The locations required additional travel, none of our physicians or specialists were available - and this is in suburban Boston, one of the country's most well-staffed health care locations. I personally paid over $20,000 during a 12 month deployment to maintain the level of care we worked years to attain. No reimbursement, no tax deduction, no options. Hopefully future mobilizations will offer some type of option to support Service members in similar circumstances.

148. *It is important to note that if you have a family member with Autism that requires therapy and medication, TRICARE services are not sufficient to members who live in remote areas. I was living over 100 miles from a military treatment facility. It is a several months long waiting list to see a specialist and to have regular therapy and medication. It is disruptive. Then when the insurance suddenly drops off, it becomes impossible to call and get assistance because the customer support desk just looks and sees that you are not active in the system. The immediately stop wanting to help you. Claims with providers also take sometimes upwards of months to process and by the time they are processed, you will no longer be activated. It's really difficult and stressful.*

149. *We are very happy with TRICARE Reserve Select. I have a son with cerebral palsy and epilepsy, and TRICARE Reserve Select has allowed us to provide him with access to the best care at a great cost in regards to premium and deductibles. Please keep TRS as an option for Reservists.*

F. Other Challenges and Concerns

150. *Why is TRICARE exempt from the federal law that says children must covered to age 26?*

151. *For TRICARE Reserve Select insurance as a reservist, including dependents on the insurance makes a huge jump in cost. For newer reservists this is the majority of a drill weekend pay. Perhaps it would be advantageous to find a way that TRICARE Reserve Select members can have a more cost effective option. Adding one dependent and quadrupling or quintupleing the cost of insurance makes it difficult for newer reserve airman to pay for insurance for their dependents.*

152. *Not really re: activation. However, I would love to have TRICARE go to a graduated premium system: Single, Single +1, Family. The fact that I am paying the same premium for 2 people while a colleague with 7 dependents (8 people in family) is ridiculous and out of line with most insurance coverage. Thanks for listening!*

G. Suggestions for System Improvements

1. Need for Automation and Seamless Transitions

153. *The BIGGEST issue with TRICARE's plan that my family has ran into is the automatic disenrollment of TRICARE Reserve Select. There is no notification send, and they automatically kick you off the plan since you're receiving TRICARE Prime. However, this causes a huge issue when I am deactivated and trying to get my family back on TRICARE Reserve Select. If it's an automatic disenrollment without my verification, they should automatically enroll the Soldier and Family into the health care plan they were in BEFORE activation when the activation has concluded. This has caused a great deal of financial hardship and undue stress multiple times for my wife and I. In addition, they say they make your plan retroactive to the date your orders ended however they declined large health care bills a year after the fact saying we weren't covered … The current process is flawed and needs to be addressed in order to help those Service members currently utilizing TRICARE Reserve Select. It's to late to cause me any benefit but it'll help those families who will be in the position my family and I have been in.*

154. *A military member already enrolled in TRICARE Reserve select when activated should not have to re-enroll in TRICARE when mobilized. This should be an automated system connected to payroll. It is administratively ridiculous as well as frustrating when you come off orders and onto another order set period that you have to re-enroll in TRICARE. We need a program that keeps you in TRS and the only thing that changes is who pays, me when in traditional Guard status or the Govt. 100% when on orders. In a perfect world this would be provided as a benefit to traditional /Guard members and reduce a significant amount or bureaucratic oversight.*

155. *I am on continuous MPA orders that have been renewed every 5 or 6 months … Twice my orders for the next period were not ready prior to my old orders expiring due to US government budget issues at the FY. I was VOCO'd (Verbal orders) until my orders could be approved … This resulted in my dependents being removed from TRICARE Prime, and put on Standard. Once my orders were ready, I had to wait until the next enrollment period for TRICARE to get my kids back on TRICARE Prime. A one week delay in orders resulted in 2 months of my kids not being able to get an appointment on base with their PCM … This occurred right when my son needed an appointment to refill meds … I was able to find a doc that refilled his meds off base under Standard, but it was not easy since they had no background with him … Recommend waiving enrollment windows for TRICARE Prime for reserve members who have previously had dependents on Prime when on orders, so that a paperwork issue with extending/renewing orders does not cause a lapse in coverage.*

2. Need for Training and Education

156. *During activations, specifically for reservist we are not informed about coverage in detail. We are given a briefing, but it is limited. I believe that the Units need to have a TRICARE brief as part of their SRP, so there is time for Soldiers to answer questions and assure that they have an proper understanding of what is covered and what's not. Also, needs to be addressed as to when there has been a referral to an outside provider and what happens once the SM is no longer activated.*

157. *A clear explanation how mine and my dependents insurance works. Nobody can explain clearly and when I've asked questions I received different answers.*

158. *The reality is that my wife was automatically enrolled, but I was not, which seems counter-intuitive for me. I actually did not want this. I am a federal employee enrolled in FEHB and I still have my 24 year old daughter on my plan. So, I plan on keeping my FEHB coverage while I am activated. But a lot of questions surrounded this. First, I wasn't briefed prior to enrollment if I was eligible for pre-alert TRICARE while enrolled in FEHB. Second, how does that work for me? Third, how does that work for my wife. i.e. who pays first. I've gotten many of these questions answered by research, talking to coworkers or on the customer service line, but WAY more and clearer information would have been helpful in the this regard. Lastly, the request for this survey came out as soon as I was notified of mobilization. I hadn't even been enrolled yet, had my questions, answered, or attempted to actually use any of the services provided. Highly recommend that this survey be triggered soon before or after the member has actually started their mobilization. If you want to make this simpler for someone in my situation: 1. Ensure emails are clear that the sponsor WHO has been enrolled. 2. A mandatory TRICARE brief or webinar prior to enrollment. 3. TRICARE should abide by ACA's requirement to extend coverage to children to 26 under their sponsor. 4. Federal employee's should have access to TRS. 5. Trigger survey request soon before actual activation date or soon after, or following activation. At least 2 of these require legislative change I know but, that's my feedback.*

159. *Once coming off Active Duty/Mobilization the information provided to continue TRICARE was misleading. I was on orders for over 320 days. Tried to sign up for TRICARE Select and was told I missed my window. Currently I am under VA medical and my kids are on Medicaid. More assistance and training needs to be done to help Selected Reserve Sailors understand how TRICARE works.*

160. *This is a great topic and one that Reservists should take seriously. I can't recall it being part of any preparedness training.*

161. *It's a problem switching from/to TRICARE when using your normal medical plan from your non-government employer. There is a lot of hoops to go through and not very much help for the families to navigate this quagmire. At a normal base we would have access to the local hospital or persons to help with this problem. As a guardsman we are left to fend or ourselves.*

162. *My servicing MPS is an active duty unit. They were very confused about what it means for a reservist to change between statuses and caused lots of confusion. MPS's that are supporting reserve units should have more training on how to support their reserve members.*

H. Positive Experiences with TRICARE and TRS

163. *Cancelling insurance coverage provided by my civilian employer and utilizing the free TRICARE was a huge financial savings for my family while I was mobilized. In our case, my family did not have to change doctors so there was virtually no impact for my family when using the TRICARE benefit. We liked TRICARE so much that once my active duty benefit expired, we switched to the TRICARE Reserve program and still use it today. Insurance through the Reserves is one of the reasons I am continuing to serve even though I am now entering my 21st year of service and eligible for retirement.*

164. *The only issue I've ever had with TRS is that it requires I either mail in the form, or I fax it in to get enrolled. There is no reason in this day and age that we should be unable to enroll online, electronically. If we can file taxes online, we should be able to enroll in health care - without a ten day enrollment delay that requires me to print, sign, and fax my enrollment. Otherwise, TRS has been great, and my husband and I will continue to enroll in TRS when I am not on active duty. TRS is one of the main reasons I chose to go into the Reserves after my initial separation from Active Duty - the coverage and price are unbeatable in the civilian sector, and I'm thankful for the option.*

165. *TRICARE Reserve Select is one of the most tangible benefits I have every received on active duty or reserves. It is probably one of the top three reasons I have continued my service in the SMCR, and leaves my family and I feeling like we are well taken care of by the DoD. Thank you.*

Appendix G – Survey Tabulated Results

Table 28 – Survey Tabulations, All Respondents

	All
	Prop. (%)
	95% CI
Access to Health Care Prior to Activation	
Q1: In what year were you most recently activated?	
2013 or earlier	15.10
	[11.40, 19.74]
2014-2016	37.74
	[27.84, 48.79]
2017	37.22
	[29.42, 45.76]
Never *[SKIP TO Q24]*	9.93
	[6.48, 14.93]
Q2: Have you ever been activated for more than 30 days while a member of the National Guard or Reserve?	
Yes	94.12
	[88.57, 97.06]
No *[SKIP TO Q24]*	5.88
	[2.94, 11.43]
Q3: How many dependent family members do you have?	
0 *[SKIP TO Q24]*	34.78
	[22.89, 48.93]
1	17.18
	[12.37, 23.37]
2+	48.04
	[37.94, 58.30]

	All
	Prop. (%)
	95% CI
Q4: What health care coverage do your dependent family members typically have prior to your activation(s)?	
Civilian employer	37.71
	[32.45, 43.29]
COBRA	0.01
	[0.00, 0.07]
Retirement from previous employer	0.16
	[0.07, 0.36]
Family member employer	9.92
	[7.59, 12.86]
Retirement from family member	0.65
	[0.34, 1.23]
Another organization	1.52
	[0.41, 5.51]
TRICARE Reserve Select *[SKIP TO Q24]*	42.98
	[37.05, 49.12]
TRICARE Retired Reserve *[SKIP TO Q24]*	1.01
	[0.27, 3.71]
Premium-free TRICARE through family member *[SKIP TO Q24]*	1.94
	[1.27, 2.96]
FEHB	11.74
	[9.14, 14.94]
ACA or Medicaid	0.96
	[0.24, 3.74]
Medicare or other program	2.48
	[1.34, 4.53]
Don't know *[SKIP TO Q6]*	1.08
	[0.17, 6.49]
No insurance	1.42
	[0.53, 3.77]

	All
	Prop. (%)
	95% CI
Q5: Who is the named policyholder (sometimes called the subscriber) of your family's health care coverage identified in the previous question?	
The reservist	79.99
	[74.74, 84.38]
Current Spouse	19.16
	[14.97, 24.20]
Former Spouse	2.29
	[1.14, 4.53]
Q6: Prior to your activation(s), did any of your dependent family members typically have a particular doctor's office, clinic, health center, or other place to which they would usually go when they needed to see a doctor?	
Yes	90.36
	[86.28, 93.33]
No *[SKIP TO Q24]*	8.02
	[5.20, 12.16]
More than one place	1.62
	[1.06, 2.47]
Q7: Which of the following best describes the place where your dependent family members would go when they need to see a doctor prior to your activation(s)?	
Doctor's office	92.99
	[89.05, 95.59]
Hospital clinic/ outpatient department	13.95
	[10.44, 18.40]
ER	10.05
	[6.79, 14.62]
Urgent care center	19.10
	[14.35, 24.97]

	All
	Prop. (%)
	95% CI
Q8: Prior to your activation(s), what was the specialty of your dependent family members' usual provider(s)?	
GP/family medicine	88.36
	[83.11, 92.13]
Internal medicine	14.32
	[9.70, 20.65]
Pediatrics	37.62
	[31.13, 44.59]
OB/GYN	25.02
	[19.94, 30.89]
Other specialist[a]	5.34
	[2.64, 10.54]

	All
	Prop. (%)
	95% CI

Health Care While Activated

Q9: If any of your dependent family members had health care coverage through a non-TRICARE plan prior to any of your activations lasting more than 30 days, did any of them remain on that health care coverage plan while you were activated?

Yes	42.99
	[36.56, 49.67]
No *[SKIP TO Q12]*	57.01
	[50.33, 63.44]

Q10: If yes, why did any of your dependent family members remain on their non-TRICARE plan(s) while you were activated?

Employer paid	36.99
	[28.68, 46.15]
Could not terminate prior coverage	37.07
	[28.42, 46.63]
Member paid because they preferred it	25.95
	[18.51, 35.09]

Q11: For which of the following reasons did you prefer to keep your family's non-TRICARE health care coverage active while you were activated?

Usual doctor declined TRICARE	74.10
	[59.98, 84.53]
Travel to provider too long with TRICARE	22.26
	[12.14, 37.26]
Doctor declined new TRICARE patients	4.66
	[1.92, 10.88]
Disliked TRICARE providers	13.61
	[6.62, 25.93]
Wait for appointments too long	11.69
	[6.42, 20.33]
Could not find information	5.90
	[2.64, 12.64]
Switching was too great a burden[a]	16.20
	[9.33, 26.66]

	All
	Prop. (%)
	95% CI

Q12: When your dependent family members gained premium-free TRICARE coverage, which TRICARE option did they participate in?

TRICARE Standard/Extra	15.24
	[11.87, 19.35]
TRICARE Prime	26.61
	[21.84, 32.00]
TRICARE Prime Remote (TPRADFM)	25.46
	[18.78, 33.53]
Do not know	12.92
	[8.660, 18.85]
I did not participate in TRICARE *[SKIP TO Q24]*	19.76
	[15.03, 25.54]

Q13: During any of your activations lasting more than 30 days, did any of your dependent family members miss any key appointments or delay getting medical care, tests, treatments, or prescriptions because a particular provider did not accept TRICARE beneficiaries?

Yes	11.83
	[7.90, 17.34]
No *[SKIP TO Q15]*	78.21
	[72.24, 83.18]
I don't know *[SKIP TO Q15]*	9.97
	[7.33, 13.41]

Q15: During any of your activations lasting more than 30 days, did any of your dependent family members' usual doctors refuse to give them an appointment or refuse to see them because their office practice, clinic, health center, or other place did not accept TRICARE beneficiaries?

No *[SKIP TO Q19]*	68.32
	[60.99, 74.85]
Yes	16.20
	[11.75, 21.92]
I don't know *[SKIP TO Q19]*	15.47
	[10.67, 21.90]

	All
	Prop. (%)
	95% CI
Q16: How many providers refused to give appointments or see your dependent family members because their office practice, clinic, health center, or other facility did not accept TRICARE beneficiaries?	
1	53.87
	[37.50, 69.45]
2	34.11
	[20.05, 51.66]
3	4.41
	[2.23, 8.52]
4	4.56
	[1.07, 17.47]
5 or more	3.04
	[0.68, 12.52]
Q17: Select the specialty of each provider that refused to give appointments or see your dependent family members because their office practice, clinic, health center, or other facility did not accept TRICARE beneficiaries.	
GP/ family medicine	61.13
	[43.84, 76.02]
Internal medicine	12.31
	[5.98, 23.65]
Pediatrics	20.08
	[12.18, 31.28]
OB/GYN	12.90
	[7.86, 20.45]
Don't know	5.05
	[2.54, 9.81]
Other specialist[a]	21.26
	[8.82, 42.98]

	All
	Prop. (%)
	95% CI
Q18: Why did your dependent family members NOT continue to get care in the same doctor's office, clinic, health center, or other facility that they went to prior to gaining premium-free TRICARE?	
Did not accept new TRICARE patients	22.66
	[13.5, 35.47]
Did not accept TRICARE	69.54
	[50.94, 83.39]
Did not like provider	3.21
	[0.75, 12.73]
Wait for appointments too long	5.06
	[2.56, 9.74]
TRICARE would not pay	34.34
	[19.99, 52.26]
Could not afford care	5.20
	[1.44, 17.07]
Q19: During any of your activations when your dependent family members were covered by premium-free TRICARE, was there a particular doctor's office, clinic, health center, or other facility that they would usually go if they were sick or needed advice about their health?	
Yes	72.58
	[64.99, 79.06]
No *[SKIP TO Q21]*	27.42
	[20.94, 35.01]

	All
	Prop. (%)
	95% CI
Q20: Which of the following best describes the place where your dependent family members went, if they were sick or needed advice about their health during any of your activations when your dependent family members were covered by premium-free TRICARE?	
Doctor's office	90.28
	[86.15, 93.28]
Hospital clinic/ outpatient department	22.95
	[15.94, 31.88]
ER	15.94
	[8.96, 26.76]
Urgent care center	22.68
	[15.24, 32.36]
Do not know	3.94
	[0.76, 18.03]
Q21: During any of your activations when your dependent family members were covered by premium-free TRICARE, what was the specialty of the provider that your dependent family members usually went to if they were sick or needed advice about their health?	
GP/family medicine	79.16
	[73.29, 84.02]
Internal medicine	13.93
	[9.01, 20.92]
Pediatrics	31.21
	[24.42, 38.91]
OB/GYN	21.09
	[15.45, 28.11]
Do not know	10.90
	[6.75, 17.12]

	All
	Prop. (%)
	95% CI
Q22: While covered by premium-free TRICARE during any of your activations, did you or any dependent family member experience any of the following challenges?	
Negative financial impact	12.95
	[8.25, 19.76]
Difficulty getting claims processed	22.29
	[17.00, 28.66]
Not able to continue with provider	19.58
	[14.49, 25.92]
Lack of emergency care	2.83
	[0.55, 13.34]
Lack of primary care within 50 miles	8.58
	[4.97, 14.43]
Lack of specialty care within 50 miles	4.94
	[2.49, 9.57]
Lack of medications	5.74
	[3.09, 10.42]
Lack of access to medical devices	0.36
	[0.13, 1.02]
Negative impact on medical readiness	3.39
	[2.27, 5.02]
No challenges	55.03
	[47.27, 62.56]
Q24: Which of the following options do you most prefer?	
Continue TRS	68.85
	[56.42, 79.05]
Cash allowance	19.49
	[9.82, 34.98]
Program like FEHB	11.66
	[7.95, 16.79]
	All
	Prop. (%)
	95% CI

	All
	Prop. (%)
	95% CI
Survey Demographics	
Q25: In what year were you born?[b]	
18-24	3.02
	[1.67, 5.38]
25-34	21.77
	[15.48, 29.72]
35-44	42.08
Q26: What is your gender?	
Male	84.29
	[79.76, 87.96]
Female	15.71
	[12.04, 20.24]
Q27: What is your current marital status?	
Never married	10.15
	[5.81, 17.14]
Married	66.74
	[54.31, 77.20]
Divorced	22.76
	[12.71, 37.34]
Widowed	0.35
	[0.08, 1.57]
Q28: Do you have any dependent family members in the Exceptional Family Member Program (EFMP)?	
Yes	3.73
	[2.33, 5.93]
No	91.66
	[88.47, 94.03]
N/A	4.61
	[3.01, 7.00]

	All
	Prop. (%)
	95% CI
Rank	
JR enlisted	30.60
	[20.35, 43.21]
SR enlisted	51.54
	[42.10, 60.87]
JR officer	7.27
	[5.63, 9.34]
SR officer	8.71
	[7.10, 10.62]
Warrant Officer	1.88
	[1.43, 2.48]

	All
	Prop. (%)
	Cum. (%)
	95% CI
Q29: What is your annual household income?	
Less than $20,000	4.13
	4.13
	[2.18, 7.70]
$20,000 to $34,999	4.69
	8.82
	[2.85, 7.62]
$35,000 to $49,999	23.85
	32.67
	[13.41, 38.78]
$50,000 to $74,999	20.57
	53.24
	[15.12, 27.36]
$75,000 to $99,999	18.59
	71.83
	[14.25, 23.87]
$100,000 to $149,999	20.93
	92.76
	[15.22, 28.07]
$150,000 to $199,999	4.61
	97.37
	[3.46, 6.12]
$200,000 or more	2.63
	100
	[1.79, 3.84]

[a.] Answer was coded from free text responses to this question.

[b.] Age groups are defined using reported birth year.

Table 29 - Family Income in 2016, U.S. Census

	All
	Prop. (%)
	Cum. (%)
	95% CI
Family Income in 2016 – U.S. Census[130]	
Less than $20,000	13.31
	13.31
	4,816
$20,000 to $34,999	12.9
	26.21
	4,667
$35,000 to $49,999	12.35
	38.56
	4,468
$50,000 to $74,999	16.91
	55.48
	6,119
$75,000 to $99,999	13.99
	69.47
	5,061
$100,000 to $149,999	17.50
	86.97
	6,331
$150,000 to $199,999	3.55
	90.52
	1,284
$200,000 or more	9.48
	100
	3,431
Median income	$ 69,869
Standard error	$ 654
Median income	$ 95,318
Standard error	$840

[130] Source: U.S. Census Bureau, Current Population Survey, 2017 Annual Social and Economic Supplement.https://www.census.gov/data/tables/time-series/demo/income-poverty/cps-finc/finc-03.html

FINC-03. Presence of Related Children Under 18 Years Old—Families with One or More Related Children under 18 Years by Total Money Income in 2016 (Numbers in thousands)

Table 30 – Survey Tabulations, by RC

	Air Force Reserve	Air National Guard	Army National Guard	Army Reserve	Coast Guard Reserve	Marine Corps Reserve	Navy Reserve
	Prop. %	**Prop. %**	**Prop. %**	**Prop. %**	**Prop. %**	**Prop. %**	**Prop. %**
	95% CI	**95% CI**	**95% CI**	**95% CI**	**95% CI**	**95% CI**	**95% CI**
Access to Health Care Prior to Activation							
Q1: In what year were you most recently activated?							
2013 or earlier	11.44	7.05	18.38	12.25	26.83	11.15	32.84
	[7.85, 16.38]	[4.71, 10.44]	[11.27, 28.53]	[6.52, 21.84]	[23.24, 30.75]	[6.25, 19.13]	[16.97, 53.93]
2014-2016	17.74	23.64	34.55	64.00	12.19	11.02	37.39
	[10.08, 29.32]	[14.77, 35.61]	[21.06, 51.10]	[42.30, 81.18]	[9.61, 15.36]	[4.37, 25.12]	[24.14, 52.85]
2017	62.33	63.43	36.36	18.80	37.33	31.90	24.28
	[49.46, 73.67]	[50.74, 74.50]	[22.64, 52.73]	[9.12, 34.82]	[33.36, 41.47]	[18.32, 49.46]	[16.35, 34.46]
Never *[SKIP TO Q24]*	8.48	5.87	10.71	4.95	23.65	45.93	5.49
	[5.88, 12.09]	[3.92, 8.69]	[3.65, 27.54]	[1.76, 13.18]	[19.96, 27.79]	[29.84, 62.91]	[3.54, 8.43]
Q2: Have you ever been activated for more than 30 days while a member of the National Guard or Reserve?							
Yes	96.36	98.13	89.85	98.73	86.50	68.60	94.77
	[94.08, 97.78]	[96.53, 99]	[70.47, 97.04]	[95.75, 99.63]	[82.52, 89.68]	[45.28, 85.22]	[91.36, 96.88]
No *[SKIP TO Q24]*	3.64	1.87	10.15	1.27	13.50	31.40	5.23
	[2.22, 5.92]	[1.00, 3.47]	[2.96, 29.53]	[0.37, 4.25]	[10.32, 17.48]	[14.78, 54.72]	[3.12, 8.64]
Q3: How many dependent family members do you have?							
0 *[SKIP TO Q24]*	40.81	35.72	19.73	43.37	25.33	55.02	40.30
	[23.3, 61]	[18.96, 56.89]	[6.36, 47.08]	[17.04, 74.05]	[20.36, 31.05]	[33.77, 74.58]	[21.33, 62.69]
1	14.30	15.68	25.64	12.07	18.89	9.88	15.38
	[9.60, 20.77]	[10.77, 22.27]	[13.96, 42.28]	[6.21, 22.17]	[15.60, 22.68]	[5.31, 17.63]	[9.89, 23.14]
2+	44.89	48.60	54.64	44.56	55.78	35.10	44.32
	[30.53, 60.16]	[33.88, 63.57]	[37.13, 71.07]	[21.99, 69.62]	[50.56, 60.87]	[20.24, 53.55]	[28.89, 60.93]

	Air Force Reserve	Air National Guard	Army National Guard	Army Reserve	Coast Guard Reserve	Marine Corps Reserve	Navy Reserve
	Prop. %	Prop. %	Prop. %	Prop. %	Prop. %	Prop. %	Prop. %
	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI
Q4: What health care coverage do your dependent family members typically have prior to your activation(s)?							
Civilian employer	36.05	35.95	39.90	35.59	40.30	37.98	40.10
	[30.83, 41.61]	[30.91, 41.33]	[27.79, 53.39]	[26.71, 45.59]	[35.44, 45.35]	[29.33, 47.47]	[34.25, 46.25]
COBRA	0.00	0.00	0.00	0.00	0.00	0.00	0.11
							[0.02, 0.80]
Retirement from previous employer	0.44	0.07	0.09	0.15	0.51	1.32	0.07
	[0.06, 3.06]	[0.01, 0.47]	[0.01, 0.64]	[0.04, 0.61]	[0.12, 2.02]	[0.19, 8.74]	[0.01, 0.47]
Family member employer	11.38	10.68	7.73	11.84	10.48	4.04	11.37
	[8.28, 15.43]	[7.79, 14.46]	[3.59, 15.85]	[7.59, 18.01]	[7.82, 13.93]	[1.84, 8.66]	[8.02, 15.89]
Retirement from family member	1.50	0.87	0.14	0.70	0.82	3.20	0.69
	[0.58, 3.80]	[0.24, 3.05]	[0.02, 1.02]	[0.13, 3.65]	[0.30, 2.20]	[1.11, 8.86]	[0.13, 3.52]
Another organization	1.42	1.38	0.00	3.91	1.91	0.71	1.13
	[0.60, 3.32]	[0.54, 3.50]		[0.57, 22.42]	[0.90, 4.00]	[0.10, 4.88]	[0.32, 3.91]
TRICARE Reserve Select *[SKIP TO Q24]*	41.66	32.00	54.21	33.14	46.20	54.96	45.96
	[36.32, 47.21]	[27.30, 37.10]	[40.64, 67.18]	[24.48, 43.11]	[41.21, 51.26]	[45.57, 64.02]	[39.91, 52.14]
TRICARE Retired Reserve *[SKIP TO Q24]*	1.27	0.85	1.85	0.23	0.00	0.49	0.06
	[0.41, 3.87]	[0.23, 3.07]	[0.26, 12.03]	[0.05, 1.00]		[0.07, 3.43]	[0.01, 0.41]
TRICARE through family member *[SKIP TO Q24]*	3.67	2.06	0.48	3.41	0.73	0.48	1.83
	[2.18, 6.12]	[0.98, 4.31]	[0.19, 1.22]	[1.52, 7.48]	[0.23, 2.24]	[0.11, 2.05]	[0.89, 3.73]
FEHB	10.63	21.24	8.69	12.89	6.90	5.38	5.29
	[7.61, 14.67]	[17.19, 25.94]	[4.12, 17.38]	[8.27, 19.54]	[4.79, 9.84]	[2.51, 11.16]	[3.35, 8.27]
ACA or Medicaid	0.57	0.53	1.85	0.15	1.24	2.74	0.57
	[0.12, 2.64]	[0.12, 2.21]	[0.26, 12.03]	[0.02, 1.10]	[0.51, 2.97]	[0.84, 8.57]	[0.1, 3.26]
Medicare or other program	2.19	2.34	2.21	3.08	0.22	0.00	3.15
	[0.98, 4.78]	[1.19, 4.54]	[0.46, 10.04]	[1.19, 7.72]	[0.03, 1.54]		[1.42, 6.82]
Don't know *[SKIP TO Q6]*	0.14	0.20	0.00	3.89	0.29	0.81	0.00
	[0.02, 0.99]	[0.05, 0.88]		[0.56, 22.51]	[0.04, 2.01]	[0.19, 3.30]	
No insurance	0.83	1.31	2.00	0.96	0.29	2.35	1.19
	[0.26, 2.60]	[0.53, 3.24]	[0.32, 11.4]	[0.17, 5.21]	[0.04, 2.01]	[0.65, 8.05]	[0.33, 4.14]
Q5: Who is the named policy holder (sometimes called the subscriber) of your family's health care coverage identified in the previous question?							
The reservist	77.07	81.95	81.66	77.86	77.52	84.95	80.02
	[70.13, 82.79]	[76.2, 86.55]	[65.22, 91.36]	[67.49, 85.63]	[71.31, 82.71]	[71.99, 92.53]	[71.99, 86.19]
Current Spouse	24.18	18.29	18.93	17.62	22.78	9.19	23.04
	[18.20, 31.38]	[13.63, 24.1]	[9.11, 35.23]	[11.32, 26.4]	[17.58, 28.99]	[5.08, 16.06]	[16.5, 31.21]
Former Spouse	2.00	1.62	0.00	4.51	1.01	6.05	3.69
	[0.69, 5.68]	[0.57, 4.55]		[1.50, 12.81]	[0.23, 4.33]	[1.67, 19.57]	[1.32, 9.86]

	Air Force Reserve	Air National Guard	Army National Guard	Army Reserve	Coast Guard Reserve	Marine Corps Reserve	Navy Reserve
	Prop. %	Prop. %	Prop. %	Prop. %	Prop. %	Prop. %	Prop. %
	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI
Q6: Prior to your activation(s), did any of your dependent family members typically have a particular doctor's office, clinic, health center, or other place to which they would usually go when they needed to see a doctor?							
Yes	85.25	91.35	89.01	94.71	90.74	79.60	83.86
	[78.54, 90.12]	[86.71, 94.48]	[72.73, 96.09]	[89.45, 97.42]	[85.58, 94.17]	[65.85, 88.76]	[76.32, 89.33]
No *[SKIP TO Q24]*	11.19	6.59	10.20	4.35	7.17	16.23	13.02
	[7.01, 17.38]	[3.89, 10.95]	[3.37, 27.03]	[1.88, 9.75]	[4.20, 11.98]	[8.32, 29.24]	[8.11, 20.27]
More than one place	3.56	2.05	0.79	0.94	2.09	4.17	3.12
	[1.51, 8.20]	[0.85, 4.90]	[0.23, 2.71]	[0.37, 2.36]	[0.78, 5.48]	[0.94, 16.56]	[1.23, 7.68]
Q7: Which of the following best describes the place where your dependent family members would go when they need to see a doctor prior to your activation(s)?							
Doctor's office	91.71	92.28	92.77	95.17	92.22	90.67	88.52
	[85.35, 95.46]	[87.45, 95.35]	[74.13, 98.29]	[89.74, 97.80]	[87.24, 95.36]	[77.23, 96.53]	[80.85, 93.37]
Hospital clinic/ outpatient department	18.48	13.85	9.49	15.36	21.21	11.67	18.00
	[12.63, 26.23]	[9.74, 19.31]	[3.10, 25.58]	[9.21, 24.53]	[15.84, 27.78]	[5.75, 22.25]	[12.01, 26.08]
ER	9.16	10.23	6.70	13.75	8.24	4.02	7.97
	[5.14, 15.80]	[6.65, 15.43]	[1.43, 26.22]	[7.61, 23.59]	[5.01, 13.28]	[1.51, 10.28]	[4.25, 14.46]
Urgent care center	19.53	24.04	19.30	16.04	18.36	16.40	18.17
	[13.67, 27.12]	[18.41, 30.73]	[7.92, 39.93]	[9.67, 25.42]	[13.36, 24.7]	[7.77, 31.35]	[12.12, 26.33]
Q8: Prior to your activation(s), what was the specialty of your dependent family members' usual provider(s)?							
GP/family medicine	86.04	90.69	82.56	93.37	90.65	81.92	86.69
	[79.60, 90.69]	[86.24, 93.81]	[63.67, 92.75]	[87.52, 96.58]	[85.80, 93.97]	[68.47, 90.43]	[79.36, 91.68]
Internal medicine	10.88	9.52	11.55	22.11	12.72	5.54	11.74
	[6.82, 16.91]	[6.11, 14.52]	[3.77, 30.34]	[12.06, 37.01]	[8.71, 18.22]	[2.72, 10.97]	[7.31, 18.33]
Pediatrics	40.38	33.77	43.03	33.45	39.04	49.48	39.21
	[32.91, 48.33]	[27.71, 40.42]	[26.49, 61.28]	[21.81, 47.53]	[32.46, 46.05]	[35.57, 63.46]	[31.20, 47.85]
OB/GYN	25.12	28.50	29.85	17.88	28.76	42.36	23.56
	[18.91, 32.55]	[22.76, 35.03]	[16.43, 47.94]	[11.3, 27.11]	[22.83, 35.52]	[29.24, 56.64]	[17.49, 30.95]
Other specialist[a]	2.79	3.48	9.86	3.39	1.73	1.22	6.39
	[1.12, 6.81]	[1.68, 7.07]	[2.68, 30.35]	[1.23, 8.97]	[0.64, 4.62]	[0.29, 4.99]	[3.10, 12.71]
Health Care While Activated							
Q9: If any of your dependent family members had health care coverage through a non-TRICARE plan prior to any of your activations lasting more than 30 days, did any of them remain on that health care coverage plan while you were activated?							
Yes	52.43	48.68	43.60	35.35	64.36	32.58	44.13
	[44.54, 60.20]	[41.93, 55.47]	[27.65, 60.99]	[24.91, 47.42]	[57.25, 70.89]	[20.60, 47.38]	[35.91, 52.68]
No *[SKIP TO Q12]*	47.57	51.32	56.40	64.65	35.64	67.42	55.87
	[39.80, 55.46]	[44.53, 58.07]	[39.01, 72.35]	[52.58, 75.09]	[29.11, 42.75]	[52.62, 79.40]	[47.32, 64.09]

	Air Force Reserve	Air National Guard	Army National Guard	Army Reserve	Coast Guard Reserve	Marine Corps Reserve	Navy Reserve
	Prop. %	Prop. %	Prop. %	Prop. %	Prop. %	Prop. %	Prop. %
	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI
Q10: If yes, why did any of your dependent family members remain on their non-TRICARE plan(s) while you were activated?							
Employer paid	47.90	30.56	32.76	40.83	46.22	53.46	39.76
	[37.03, 58.97]	[21.99, 40.73]	[14.23, 58.86]	[26.07, 57.46]	[37.27, 55.41]	[28.77, 76.57]	[28.22, 52.55]
Could not terminate prior coverage	26.72	36.12	38.74	40.45	27.78	25.76	40.77
	[18.25, 37.34]	[27.09, 46.25]	[17.66, 65.1]	[26.03, 56.74]	[20.43, 36.55]	[9.63, 53.06]	[29.01, 53.69]
Member paid because they preferred it	25.38	33.32	28.50	18.72	26.00	20.77	19.47
	[16.93, 36.21]	[24.56, 43.41]	[11.14, 55.90]	[9.03, 34.83]	[18.81, 34.77]	[6.71, 48.87]	[11.51, 31.02]
Q11: For which of the following reasons did you prefer to keep your family's non-TRICARE health care coverage active while you were activated?							
Usual doctor declined TRICARE	58.53	69.89	87.93	72.76	55.90	11.90	63.36
	[36.22, 77.81]	[51.69, 83.44]	[64.20, 96.73]	[30.31, 94.25]	[37.97, 72.42]	[1.26, 58.91]	[35.03, 84.73]
Travel to provider too long with TRICARE	19.84	25.70	5.64	50.45	23.57	26.69	19.76
	[7.56, 42.86]	[13.11, 44.24]	[1.21, 22.59]	[18.1, 82.42]	[11.57, 42.09]	[3.11, 80.53]	[5.77, 49.76]
Doctor declined new TRICARE patients	0.00	8.32	4.16	3.93	6.66	0.00	1.34
		[2.31, 25.84]	[0.72, 20.51]	[0.81, 16.97]	[1.64, 23.36]		[0.17, 9.60]
Disliked TRICARE providers	15.13	19.79	2.96	27.61	8.57	11.90	1.34
	[5.49, 35.36]	[9.27, 37.33]	[0.54, 14.69]	[5.93, 69.76]	[2.69, 24.13]	[1.26, 58.91]	[0.17, 9.60]
Wait for appointments too long	9.62	23.43	5.64	7.86	9.69	0.00	6.71
	[2.29, 32.63]	[11.7, 41.39]	[1.21, 22.59]	[2.3, 23.63]	[3.08, 26.62]		[1.88, 21.31]
Could not find information	7.62	12.51	0.00	0.56	14.43	0.00	18.22
	[1.53, 30.40]	[4.47, 30.42]		[0.07, 4.47]	[5.51, 32.78]		[4.87, 49.25]
Switching was too great a burden[a]	24.34	31.34	8.92	1.96	29.12	11.90	9.11
	[10.20, 47.68]	[17.29, 49.93]	[2.15, 30.39]	[0.24, 14.39]	[15.71, 47.52]	[1.26, 58.91]	[2.98, 24.62]
Q12: When your dependent family members gained premium-free TRICARE coverage, which TRICARE option did they participate in?							
TRICARE Standard/Extra	16.71	19.71	10.97	12.96	14.53	14.62	26.78
	[11.75, 23.21]	[14.87, 25.64]	[4.83, 23.03]	[7.39, 21.74]	[10.15, 20.37]	[7.2, 27.43]	[19.89, 35.02]
TRICARE Prime	40.97	26.94	16.11	30.75	17.45	42.41	29.56
	[33.41, 48.99]	[21.29, 33.45]	[7.65, 30.81]	[21.17, 42.34]	[12.65, 23.58]	[29, 57.04]	[22.31, 38.02]
TRICARE Prime Remote (TPRADFM)	11.08	15.57	41.21	25.75	4.63	6.85	14.05
	[6.79, 17.58]	[11.17, 21.29]	[25.18, 59.35]	[13.76, 42.97]	[2.38, 8.81]	[2.12, 20.03]	[8.98, 21.32]
Do not know	12.99	15.29	10.04	13.54	13.95	16.76	14.25
	[8.46, 19.43]	[11.09, 20.69]	[3.19, 27.43]	[5.36, 30.24]	[9.51, 19.99]	[8.74, 29.74]	[9.19, 21.45]
I did not participate in TRICARE *[SKIP TO Q24]*	18.24	22.50	21.67	17.00	49.45	19.36	15.35
	[13.23, 24.62]	[17.32, 28.68]	[10.39, 39.76]	[10.23, 26.91]	[42.24, 56.68]	[9.89, 34.42]	[10.23, 22.39]

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	Prop. %	Prop. %	Prop. %	Prop. %	Prop. %	Prop. %	Prop. %
	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI
Q13: During any of your activations lasting more than 30 days, did any of your dependent family members miss any key appointments or delay getting medical care, tests, treatments, or prescriptions because a particular provider did not accept TRICARE beneficiaries?							
Yes	12.69	15.65	14.68	6.02	18.38	17.07	12.95
	[8.10, 19.35]	[10.86, 22.04]	[5.22, 34.98]	[2.70, 12.89]	[11.90, 27.30]	[8.69, 30.82]	[7.67, 21.03]
No *[SKIP TO Q15]*	76.00	68.53	82.12	81.95	65.00	61.84	79.16
	[67.65, 82.75]	[60.91, 75.26]	[63.29, 92.45]	[70.95, 89.41]	[54.78, 74.00]	[45.73, 75.70]	[70.39, 85.85]
I don't know *[SKIP TO Q15]*	11.30	15.82	3.19	12.03	16.62	21.09	7.90
	[6.59, 18.71]	[10.90, 22.41]	[1.64, 6.13]	[6.20, 22.06]	[10.22, 25.87]	[10.63, 37.54]	[4.20, 14.36]
Q15: During any of your activations lasting more than 30 days, did any of your dependent family members' usual doctors refuse to give them an appointment or refuse to see them because their office practice, clinic, health center, or other place did not accept TRICARE beneficiaries?							
No *[SKIP TO Q19]*	67.02	63.98	76.96	63.41	60.75	49.72	72.67
	[58.24, 74.76]	[56.26, 71.04]	[58.26, 88.88]	[47.42, 76.91]	[50.38, 70.23]	[34.33, 65.17]	[63.52, 80.24]
Yes	17.42	18.03	15.89	15.49	18.07	29.16	12.06
	[11.69, 25.15]	[12.84, 24.72]	[6.23, 34.96]	[8.72, 26.00]	[11.57, 27.10]	[16.27, 46.58]	[7.34, 19.18]
I don't know *[SKIP TO Q19]*	15.56	17.99	7.15	21.10	21.18	21.12	15.27
	[10.25, 22.91]	[12.76, 24.74]	[2.33, 19.87]	[10.08, 38.96]	[13.87, 30.97]	[11.74, 35.03]	[9.47, 23.68]
Q16: How many providers refused to give appointments or see your dependent family members because their office practice, clinic, health center, or other facility did not accept TRICARE beneficiaries?							
1	47.70	48.92	47.47	65.78	69.54	62.04	47.17
	[28.14, 67.99]	[31.49, 66.62]	[11.75, 85.98]	[39.64, 84.91]	[44.00, 86.9]	[29.56, 86.42]	[23.42, 72.28]
2	42.31	39.99	52.53	10.59	30.46	20.59	37.80
	[23.5, 63.66]	[24.09, 58.31]	[14.02, 88.25]	[3.91, 25.62]	[13.10, 56.00]	[4.99, 56.16]	[16.29, 65.50]
3	6.86	5.74	0.00	5.24	0.00	17.37	6.90
	[1.37, 28.13]	[1.30, 21.91]		[1.95, 13.34]		[3.48, 55.09]	[2.22, 19.46]
4	1.57	4.20	0.00	10.48	0.00	0.00	4.67
	[0.21, 10.74]	[0.58, 24.66]		[1.48, 47.76]			[1.29, 15.57]
5 or more	1.57	1.16	0.00	7.91	0.00	0.00	3.45
	[0.21, 10.74]	[0.26, 4.99]		[1.23, 37.2]			[0.74, 14.61]

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	Prop. %	Prop. %	Prop. %	Prop. %	Prop. %	Prop. %	Prop. %
	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI
Q17: Select the specialty of each provider that refused to give appointments or see your dependent family members because their office practice, clinic, health center, or other facility did not accept TRICARE beneficiaries.							
GP/ family medicine	59.70	66.53	54.60	65.34	63.24	67.51	50.68
	[38.72, 77.64]	[47.83, 81.16]	[14.67, 89.38]	[37.94, 85.32]	[39.52, 81.92]	[34.52, 89.12]	[26.93, 74.13]
Internal medicine	1.57	11.03	4.96	26.15	30.50	0.00	3.30
	[0.21, 10.73]	[3.78, 28.09]	[1.13, 19.28]	[9.61, 54.09]	[13.31, 55.64]		[0.71, 13.93]
Pediatrics	41.55	20.38	6.18	19.17	33.26	32.61	44.78
	[22.76, 63.17]	[9.69, 37.89]	[1.36, 23.88]	[5.92, 47.22]	[15.45, 57.60]	[11.01, 65.43]	[22.24, 69.69]
OB/GYN	25.97	22.09	3.31	9.13	21.15	32.89	12.02
	[11.77, 47.99]	[10.64, 40.30]	[0.61, 15.93]	[3.41, 22.25]	[7.94, 45.49]	[10.39, 67.44]	[5.09, 25.83]
Don't know	6.04	4.91	4.53	4.06	5.57	0.00	13.11
	[2.22, 15.41]	[0.89, 22.82]	[0.81, 21.58]	[1.40, 11.19]	[0.76, 31.08]		[2.90, 43.21]
Other specialist[a]	8.66	10.62	41.31	15.04	11.08	6.69	26.10
	[2.21, 28.45]	[3.51, 27.97]	[8.59, 84.06]	[3.72, 44.81]	[2.69, 35.99]	[1.48, 25.51]	[9.39, 54.64]
Q18: Why did your dependent family members NOT continue to get care in the same doctor's office, clinic, health center, or other facility that they went to prior to gaining premium-free TRICARE?							
Did not accept new TRICARE patients	35.04	33.07	4.53	30.87	22.38	18.98	8.84
	[17.74, 57.44]	[18.59, 51.66]	[0.81, 21.58]	[11.97, 59.45]	[8.49, 47.26]	[4.21, 55.51]	[3.39, 21.13]
Did not accept TRICARE	59.99	68.45	59.52	78.76	67.75	98.27	77.97
	[38.69, 78.08]	[49.19, 82.94]	[16.13, 91.83]	[52.12, 92.66]	[43.54, 85.12]	[87.57, 99.78]	[52.9, 91.77]
Did not like provider	6.21	0.74	0.00	7.64	6.57	1.73	0.00
	[0.87, 33.37]	[0.10, 5.28]		[1.12, 37.73]	[0.91, 34.97]	[0.22, 12.43]	
Wait for appointments too long	15.53	5.66	0.00	3.57	24.99	10.17	11.98
	[5.30, 37.65]	[1.26, 22.01]		[1.09, 11.05]	[9.75, 50.66]	[1.37, 47.98]	[2.33, 43.73]
TRICARE would not pay	16.67	44.57	44.00	27.73	45.11	22.32	19.85
	[7.20, 34.05]	[27.85, 62.61]	[9.92, 84.86]	[10.81, 54.84]	[24.12, 68.00]	[5.93, 56.72]	[6.85, 45.48]
Could not afford care	6.19	2.28	2.87	10.48	0.00	0.00	1.12
	[1.05, 29.07]	[0.51, 9.71]	[0.32, 21.18]	[1.48, 47.75]			[0.15, 8.06]
Q19: During any of your activations when your dependent family members were covered by premium-free TRICARE, was there a particular doctor's office, clinic, health center, or other facility that they would usually go if they were sick or needed advice about their health?							
Yes	66.92	70.98	75.03	73.97	62.26	73.26	69.53
	[57.93, 74.83]	[63.43, 77.53]	[54.24, 88.39]	[57.14, 85.83]	[51.81, 71.68]	[58.20, 84.35]	[60.13, 77.55]
No *[SKIP TO Q21]*	33.08	29.02	24.97	26.03	37.74	26.74	30.47
	[25.17, 42.07]	[22.47, 36.57]	[11.61, 45.76]	[14.17, 42.86]	[28.32, 48.19]	[15.65, 41.8]	[22.45, 39.87]

	Air Force Reserve	Air National Guard	Army National Guard	Army Reserve	Coast Guard Reserve	Marine Corps Reserve	Navy Reserve
	Prop. %	Prop. %	Prop. %	Prop. %	Prop. %	Prop. %	Prop. %
	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI
Q20: Which of the following best describes the place where your dependent family members went, if they were sick or needed advice about their health during any of your activations when your dependent family members were covered by premium-free TRICARE?							
Doctor's office	84.67	89.75	98.00	86.58	85.38	90.87	84.18
	[74.81, 91.13]	[82.49, 94.22]	[95.08, 99.20]	[74.63, 93.40]	[74.39, 92.16]	[78.86, 96.37]	[73.94, 90.89]
Hospital clinic/ outpatient department	15.00	20.14	12.00	36.59	17.56	20.49	24.27
	[8.58, 24.92]	[13.63, 28.72]	[3.49, 33.97]	[20.87, 55.80]		[9.68, 38.25]	[15.91, 35.19]
ER	6.55	12.72	2.65	34.34	4.83	5.62	10.77
	[2.83, 14.46]	[7.66, 20.38]	[1.10, 6.28]	[17.04, 57.12]	[1.54, 14.14]	[0.80, 30.65]	[5.55, 19.86]
Urgent care center	17.34	29.60	4.69	36.06	18.43	23.72	24.32
	[10.70, 26.86]	[21.95, 38.59]	[2.30, 9.32]	[18.75, 57.96]	[10.42, 30.51]	[10.40, 45.46]	[15.89, 35.35]
Do not know	2.74	0.50	0.31	10.67	5.12	1.35	0.00
	[0.75, 9.44]	[0.10, 2.48]	[0.04, 2.32]	[1.72, 44.91]	[1.63, 14.93]	[0.18, 9.22]	
Q21: During any of your activations when your dependent family members were covered by premium-free TRICARE, what was the specialty of the provider that your dependent family members usually went to if they were sick or needed advice about their health?							
GP/family medicine	69.86	79.91	81.88	79.85	69.60	68.74	78.52
	[61.09, 77.39]	[73.16, 85.31]	[63.23, 92.23]	[68.82, 87.68]	[59.46, 78.14]	[52.14, 81.61]	[69.74, 85.29]
Internal medicine	7.33	10.51	8.43	25.01	5.77	4.47	8.48
	[3.90, 13.35]	[6.52, 16.52]	[2.31, 26.44]	[13.29, 42.05]	[2.57, 12.41]	[1.68, 11.37]	[4.76, 14.66]
Pediatrics	33.07	32.60	21.04	36.66	39.16	46.89	36.79
	[25.36, 41.8]	[25.89, 40.11]	[9.99, 39.00]	[22.09, 54.17]	[29.79, 49.4]	[31.78, 62.59]	[28.4, 46.06]
OB/GYN	15.54	25.71	19.67	21.23	24.72	25.41	20.13
	[10.26, 22.84]	[19.55, 33.02]	[8.96, 37.87]	[10.34, 38.65]	[17.03, 34.43]	[15.08, 39.53]	[14.13, 27.84]
Do not know	10.41	9.19	2.13	19.47	17.19	17.16	11.56
	[6.08, 17.28]	[5.59, 14.73]	[0.9, 4.97]	[8.83, 37.64]	[10.61, 26.65]	[7.9, 33.35]	[6.64, 19.36]

	Air Force Reserve	Air National Guard	Army National Guard	Army Reserve	Coast Guard Reserve	Marine Corps Reserve	Navy Reserve
	Prop. %	Prop. %	Prop. %	Prop. %	Prop. %	Prop. %	Prop. %
	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI
Q22: While covered by premium-free TRICARE during any of your activations, did you or any dependent family member experience any of the following challenges?							
Negative financial impact	10.33	16.74	8.60	16.57	12.22	7.99	9.17
	[5.95, 17.34]	[11.75, 23.28]	[2.4, 26.45]	[6.65, 35.63]	[7.1, 20.23]	[2.69, 21.4]	[5.04, 16.1]
Difficulty getting claims processed	22.79	34.18	23.66	15.40	22.27	16.68	16.29
	[16.1, 31.22]	[27.22, 41.9]	[11, 43.71]	[8.94, 25.22]	[15.09, 31.59]	[7.89, 31.88]	[10.9, 23.64]
Not able to continue with provider	22.28	24.67	21.47	14.34	28.14	23.14	16.87
	[15.78, 30.48]	[18.59, 31.97]	[9.4, 41.9]	[7.87, 24.68]	[19.99, 38.03]	[12.21, 39.48]	[10.95, 25.08]
Lack of emergency care	0.11	0.45	0.26	7.75	1.17	2.97	1.83
	[0.02, 0.81]	[0.11, 1.87]	[0.04, 1.91]	[1.21, 36.64]	[0.16, 7.88]	[0.42, 18.26]	[0.49, 6.53]
Lack of primary care within 50 miles	8.86	5.30	13.48	8.18	8.97	4.44	1.46
	[4.88, 15.55]	[2.79, 9.84]	[4.54, 33.82]	[3.63, 17.38]	[4.69, 16.48]	[1.1, 16.33]	[0.69, 3.06]
Lack of specialty care within 50 miles	3.52	4.53	5.95	5.38	8.34	5.42	2.22
	[1.43, 8.4]	[2.31, 8.66]	[1.07, 27.01]	[2.05, 13.42]	[4.2, 15.91]	[1.63, 16.57]	[0.66, 7.21]
Lack of medications	3.34	5.42	6.51	6.01	6.45	10.68	4.81
	[1.36, 7.98]	[2.88, 9.96]	[1.24, 27.82]	[2.5, 13.74]	[3.05, 13.14]	[4.31, 24.11]	[1.95, 11.38]
Lack of access to medical devices	1.14	0.82	0.26	0.00	2.35	0.00	0.00
	[0.22, 5.73]	[0.14, 4.8]	[0.04, 1.91]		[0.59, 8.92]		
Negative impact on medical readiness	7.22	6.82	0.95	2.48	3.60	0.50	3.13
	[3.67, 13.74]	[3.83, 11.84]	[0.27, 3.24]	[0.9, 6.66]	[1.33, 9.36]	[0.07, 3.57]	[1.03, 9.14]
No challenges	56.98	45.58	53.55	59.70	45.91	63.15	61.41
	[48.06, 65.48]	[38.02, 53.36]	[34.34, 71.76]	[44.06, 73.59]	[35.98, 56.17]	[47.04, 76.77]	[52.03, 70.01]
Q24: Which of the following options do you most prefer?							
Continue TRS	74.52	76.13	76.34	53.08	75.09	70.99	67.80
	[62.22, 83.85]	[67.11, 83.3]	[59.27, 87.74]	[25.19, 79.17]	[71.21, 78.6]	[52.35, 84.5]	[51.88, 80.44]
Cash allowance	16.86	11.68	11.74	36.56	14.21	13.59	17.07
	[9, 29.37]	[7.37, 18.03]	[4.37, 27.9]	[11.1, 72.68]	[11.51, 17.41]	[5.15, 31.31]	[8.52, 31.27]
Program like FEHB	8.62	12.19	11.92	10.36	10.70	15.41	15.12
	[5.69, 12.86]	[8.37, 17.42]	[4.47, 28.11]	[4.95, 20.4]	[8.32, 13.67]	[6.15, 33.63]	[7.02, 29.6]

	Air Force Reserve	Air National Guard	Army National Guard	Army Reserve	Coast Guard Reserve	Marine Corps Reserve	Navy Reserve
	Prop. %	Prop. %	Prop. %	Prop. %	Prop. %	Prop. %	Prop. %
	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI
Demographics							
Q25: In what year were you born?[b]							
18-24	2.17	4.44	1.70	0.13	3.54	28.79	0.00
	[0.52, 8.54]	[1.32, 13.92]	[0.42, 6.72]	[0.02, 1.03]	[1.87, 6.59]	[13.76, 50.61]	
25-34	23.58	25.77	26.07	9.65	26.24	49.68	17.69
	[14.17, 36.58]	[14.47, 41.61]	[13.07, 45.26]	[4.13, 20.96]	[22.23, 30.69]	[31.88, 67.56]	[8.48, 33.27]
35-44	35.55	43.29	44.53	50.42	42.12	15.23	28.52
	[23.94, 49.15]	[28.17, 59.76]	[29.37, 60.78]	[24.42, 76.20]	[37.82, 46.54]	[8.71, 25.28]	[19.17, 40.16]
45+	38.71	26.49	27.70	39.79	28.10	6.30	53.79
	[23.02, 57.14]	[18.68, 36.12]	[18.00, 40.06]	[19.69, 64.05]	[24.52, 31.99]	[3.89, 10.04]	[37.38, 69.43]
Q26: What is your gender?							
Male	73.00	83.82	87.74	83.64	83.30	97.66	80.00
	[62.52, 81.42]	[75.76, 89.56]	[79.05, 93.14]	[69.13, 92.11]	[80.23, 85.97]	[95.03, 98.91]	[70.15, 87.19]
Female	27.00	16.18	12.26	16.36	16.70	2.34	20.00
	[18.58, 37.48]	[10.44, 24.24]	[6.86, 20.95]	[7.89, 30.87]	[14.03, 19.77]	[1.09, 4.97]	[12.81, 29.85]
Q27: What is your current marital status?							
Never married	14.88	1.65	8.30	4.37	23.93	68.76	4.52
	[3.02, 49.55]	[0.84, 3.20]	[1.57, 33.88]	[1.06, 16.26]	[19.77, 28.65]	[55.89, 79.27]	[2.22, 9.00]
Married	64.21	69.46	82.89	55.31	66.59	28.40	67.33
	[43.88, 80.46]	[48.18, 84.76]	[65.06, 92.65]	[26.26, 81.14]	[61.89, 70.98]	[18.74, 40.55]	[44.81, 83.95]
Divorced	20.09	28.90	7.97	40.30	9.48	2.79	28.15
	[10.16, 35.87]	[13.68, 51.03]	[3.8, 15.96]	[14.65, 72.65]	[7.19, 12.41]	[1.51, 5.10]	[11.88, 53.24]
Widowed	0.81	0.00	0.83	0.01	0.00	0.06	0.00
	[0.19, 3.35]		[0.12, 5.78]	[0, 0.09]		[0.01, 0.41]	
Q28: Do you have any dependent family members in the Exceptional Family Member Program (EFMP)?							
Yes	4.82	2.50	4.19	3.40	2.55	2.82	4.75
	[3.09, 7.45]	[1.44, 4.33]	[1.61, 10.48]	[0.93, 11.71]	[1.62, 4.01]	[1.62, 4.84]	[2.85, 7.81]
No	90.39	92.48	94.31	89.22	93.57	87.88	92.50
	[86.21, 93.41]	[87.04, 95.75]	[88.42, 97.29]	[77.26, 95.27]	[91.35, 95.26]	[74.41, 94.76]	[88.50, 95.18]
N/A	4.78	5.02	1.50	7.38	3.87	9.31	2.75
	[3.02, 7.50]	[2.32, 10.52]	[0.78, 2.86]	[2.91, 17.47]	[2.57, 5.80]	[3.18, 24.27]	[1.52, 4.92]

	Air Force Reserve	Air National Guard	Army National Guard	Army Reserve	Coast Guard Reserve	Marine Corps Reserve	Navy Reserve
	Prop. %	Prop. %	Prop. %	Prop. %	Prop. %	Prop. %	Prop. %
	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI	95% CI
Q29: What is your annual household income?							
Less than $20,000	0.86	0.31	0.10	6.83	5.18	37.27	0.55
	[0.23, 3.20]	[0.07, 1.47]	[0.01, 0.72]	[1.90, 21.78]	[3.14, 8.42]	[21.09, 56.92]	[0.15, 2.03]
$20,000 to $34,999	6.11	3.45	1.67	5.09	4.78	23.42	3.28
	[2.92, 12.35]	[1.14, 9.95]	[0.41, 6.58]	[1.39, 16.9]	[3.03, 7.47]	[10.69, 43.87]	[1.76, 6.05]
$35,000 to $49,999	31.96	18.02	18.71	33.56	10.70	13.39	21.11
	[15.65, 54.30]	[5.99, 43.12]	[8.20, 37.24]	[8.86, 72.41]	[8.07, 14.05]	[4.78, 32.27]	[6.66, 50.08]
$50,000 to $74,999	15.59	27.90	25.11	16.59	21.24	6.57	18.07
	[10.50, 22.53]	[16.62, 42.88]	[13.72, 41.42]	[8.36, 30.26]	[17.82, 25.13]	[3.95, 10.73]	[11.67, 26.91]
$75,000 to $99,999	16.85	23.55	20.48	14.54	18.06	6.50	24.94
	[11.47, 24.07]	[14.22, 36.39]	[12.64, 31.43]	[7.35, 26.73]	[14.93, 21.67]	[4.05, 10.28]	[13.30, 41.84]
$100,000 to $149,999	17.22	18.74	29.09	17.13	24.81	8.80	18.57
	[12.09, 23.94]	[13.26, 25.81]	[16.27, 46.42]	[8.17, 32.45]	[21.41, 28.56]	[5.67, 13.4]	[12.58, 26.55]
$150,000 to $199,999	7.49	5.79	2.94	4.01	9.69	2.53	7.59
	[5.04, 10.99]	[3.76, 8.82]	[1.22, 6.90]	[1.96, 8.04]	[7.60, 12.27]	[1.48, 4.30]	[4.62, 12.22]
$200,000 or more	3.92	2.25	1.90	2.24	5.54	1.52	5.88
	[2.55, 5.99]	[1.41, 3.55]	[0.53, 6.62]	[0.97, 5.08]	[4.13, 7.40]	[0.79, 2.90]	[3.55, 9.58]
Rank							
JR enlisted	26.57	28.75	20.82	39.61	18.75	66.50	21.52
	[12.13, 48.68]	[16.41, 45.33]	[9.02, 41.1]	[14.76, 71.3]	[15.16, 22.96]	[53.03, 77.73]	[7.22, 49.14]
SR enlisted	53.63	57.54	61.09	42.16	64.56	22.07	52.96
	[38.64, 67.99]	[43.1, 70.79]	[45.26, 74.89]	[21.93, 65.4]	[60.31, 68.59]	[13.46, 34.01]	[36.7, 68.61]
JR officer	5.33	4.69	8.51	8.26	7.00	4.70	8.61
	[3.28, 8.56]	[3.4, 6.44]	[5.54, 12.86]	[4.15, 15.76]	[5.31, 9.17]	[3.10, 7.08]	[5.35, 13.58]
SR officer	14.46	9.02	5.34	8.09	7.97	6.08	16.75
	[10.46, 19.67]	[6.53, 12.35]	[3.68, 7.68]	[4.52, 14.07]	[6.42, 9.84]	[4.12, 8.89]	[11.57, 23.64]
Warrant Officer	0.00	0.00	4.24	1.89	1.73	0.64	0.15
			[2.77, 6.41]	[1.07, 3.32]	[1.08, 2.77]	[0.38, 1.08]	[0.07, 0.36]

Source:

[a.] Answer was coded from free text responses to this question.

[b.] Age groups are defined using reported birth year.

Table 31 – Question Tabulations by Rank

	JR Enlisted	SR Enlisted	JR Officer	SR Officer	Warrant Officer
	Prop.	Prop.	Prop.	Prop.	Prop.
	95% CI	95% CI	95% CI	95% CI	95% CI
Access to Health Care Prior to Activation					
Q1: In what year were you most recently activated?					
2013 or earlier	5.57	17.33	19.51	26.66	41.20
	[1.31, 20.75]	[12.77, 23.08]	[12.23, 29.67]	[23.27, 30.34]	[31.99, 51.07]
2014-2016	42.37	36.19	33.78	35.40	30.26
	[18.15, 70.91]	[27.90, 45.39]	[24.40, 44.62]	[31.13, 39.92]	[21.66, 40.50]
2017	32.91	41.45	35.79	30.90	25.69
	[16.45, 55.00]	[32.67, 50.81]	[28.50, 43.79]	[27.51, 34.52]	[19.00, 33.76]
Never *[SKIP TO Q24]*	19.15	5.03	10.92	7.04	2.85
	[8.63, 37.27]	[2.95, 8.46]	[7.95, 14.84]	[5.83, 8.48]	[1.16, 6.86]
Q2: Have you ever been activated for more than 30 days while a member of the National Guard or Reserve?					
Yes	86.10	97.44	94.21	97.42	99.65
	[63.79, 95.61]	[94.83, 98.75]	[90.90, 96.36]	[96.23, 98.24]	[98.59, 99.91]
No *[SKIP TO Q24]*	13.90	2.56	5.79	2.58	0.35
	[4.39, 36.21]	[1.25, 5.17]	[3.64, 9.10]	[1.76, 3.77]	[0.09, 1.41]
Q3: How many dependent family members do you have?					
0	68.98	25.52	22.77	11.63	12.76
	[40.42, 87.93]	[15.09, 39.79]	[11.00, 41.30]	[7.12, 18.43]	[4.86, 29.49]
1	13.00	19.28	17.46	14.27	23.03
	[3.28, 39.74]	[14.39, 25.34]	[12.58, 23.73]	[11.93, 16.97]	[16.61, 31.02]
2+	18.02	55.20	59.77	74.10	64.21
	[7.14, 38.61]	[44.86, 65.10]	[46.80, 71.49]	[68.55, 78.98]	[52.85, 74.17]

	JR Enlisted	SR Enlisted	JR Officer	SR Officer	Warrant Officer
	Prop.	Prop.	Prop.	Prop.	Prop.
	95% CI	95% CI	95% CI	95% CI	95% CI
Q4: What health care coverage do your dependent family members typically have prior to your activation(s)?					
Civilian employer	22.77	41.60	30.99	34.29	46.51
	[8.46, 48.48]	[34.99, 48.54]	[25.21, 37.43]	[30.85, 37.89]	[38.13, 55.09]
COBRA	0.00	0.00	0.00	0.07	0.00
				[0.01, 0.53]	
Retirement from previous employer	0.00	0.11	0.07	0.66	0.07
		[0.03, 0.44]	[0.01, 0.46]	[0.23, 1.86]	[0.01, 0.50]
Family member employer	9.77	9.06	12.18	12.85	10.45
	[3.22, 26.07]	[6.14, 13.19]	[8.30, 17.54]	[10.48, 15.66]	[6.34, 16.76]
Retirement from family member	0.00	0.78	0.25	0.95	0.34
		[0.35, 1.71]	[0.08, 0.80]	[0.36, 2.47]	[0.05, 2.38]
Another organization	9.48	0.56	0.20	0.15	0.21
	[1.52, 41.46]	[0.26, 1.17]	[0.07, 0.58]	[0.04, 0.55]	[0.03, 1.46]
TRICARE Reserve Select *[SKIP TO Q24]*	50.06	41.54	47.90	42.86	31.96
	[21.83, 78.25]	[34.87, 48.53]	[41.31, 54.55]	[39.19, 46.62]	[24.57, 40.4]
TRICARE Retired Reserve *[SKIP TO Q24]*	0.00	1.44	0.65	0.23	0.00
		[0.34, 5.81]	[0.14, 2.88]	[0.05, 1.01]	
Premium-free TRICARE through family member *[SKIP TO Q24]*	0.24	1.71	3.12	3.68	3.30
	[0.05, 1.08]	[0.86, 3.36]	[1.40, 6.79]	[2.47, 5.45]	[1.29, 8.14]
FEHB	3.00	12.65	12.14	13.19	20.02
	[1.34, 6.60]	[9.03, 17.45]	[8.62, 16.83]	[10.90, 15.87]	[13.77, 28.17]
ACA or Medicaid	0.36	1.31	0.60	0.17	0.00
	[0.10, 1.26]	[0.28, 6.00]	[0.12, 2.93]	[0.05, 0.62]	
Medicare or other program	2.10	2.92	3.27	0.52	0.07
	[0.85, 5.08]	[1.33, 6.28]	[1.38, 7.56]	[0.18, 1.47]	[0.01, 0.50]
Don't know *[SKIP TO Q6]*	8.94	0.00	0.11	0.13	0.00
	[1.30, 42.29]	[0.00, 0.03]	[0.01, 0.75]	[0.03, 0.58]	
No insurance	0.83	1.83	0.92	0.43	0.41
	[0.28, 2.47]	[0.56, 5.80]	[0.22, 3.79]	[0.17, 1.12]	[0.10, 1.65]
Q5: Who is the named policy holder (sometimes called the subscriber) of your family's health care coverage identified in the previous question?					
The reservist	74.69	81.57	72.54	78.06	87.23
	[46.54, 90.91]	[74.38, 87.10]	[62.76, 80.55]	[73.32, 82.16]	[78.32, 92.81]
Current Spouse	18.29	17.02	30.73	24.51	17.64
	[5.68, 45.42]	[11.75, 24.01]	[22.37, 40.58]	[20.23, 29.37]	[10.91, 27.25]
Former Spouse	7.00	2.17	0.12	1.18	0.96
	[1.16, 32.58]	[0.99, 4.69]	[0.02, 0.86]	[0.52, 2.69]	[0.31, 2.99]

	JR Enlisted	SR Enlisted	JR Officer	SR Officer	Warrant Officer
	Prop.	Prop.	Prop.	Prop.	Prop.
	95% CI	95% CI	95% CI	95% CI	95% CI
Q6: Prior to your activation(s), did any of your dependent family members typically have a particular doctor's office, clinic, health center, or other place to which they would usually go when they needed to see a doctor?					
Yes	86.61	91.70	84.91	90.99	86.85
	[61.42, 96.33]	[86.07, 95.18]	[75.87, 90.97]	[87.86, 93.37]	[77.15, 92.81]
No *[SKIP TO Q24]*	11.88	7.31	11.28	5.93	9.20
	[2.85, 38.20]	[3.98, 13.05]	[6.15, 19.78]	[4.02, 8.66]	[4.46, 18.04]
More than one place	1.51	0.99	3.81	3.08	3.95
	[0.40, 5.57]	[0.46, 2.11]	[1.32, 10.53]	[1.84, 5.12]	[1.21, 12.09]
Q7: Which of the following best describes the place where your dependent family members would go when they need to see a doctor prior to your activation(s)?					
Doctor's office	97.10	92.66	92.04	91.57	93.67
	[92.36, 98.93]	[86.39, 96.17]	[83.90, 96.25]	[87.86, 94.23]	[85.86, 97.30]
Hospital clinic/ outpatient department	7.19	13.63	21.12	16.17	18.28
	[3.09, 15.84]	[8.92, 20.27]	[13.91, 30.74]	[12.55, 20.59]	[11.21, 28.40]
ER	8.65	10.89	7.79	9.24	5.87
	[2.01, 30.45]	[6.53, 17.61]	[3.85, 15.11]	[6.52, 12.94]	[2.37, 13.81]
Urgent care center	5.59	21.44	13.18	22.53	16.37
	[2.35, 12.70]	[14.79, 30.03]	[8.17, 20.56]	[18.35, 27.33]	[9.56, 26.58]
Q8: Prior to your activation(s), what was the specialty of your dependent family members' usual provider(s)?					
GP/family medicine	93.41	87.93	83.19	87.63	94.13
	[86.08, 97.01]	[79.70, 93.11]	[73.65, 89.75]	[83.67, 90.73]	[86.96, 97.48]
Internal medicine	19.52	14.40	8.79	15.12	4.82
	[3.50, 61.82]	[9.15, 21.93]	[4.75, 15.70]	[11.72, 19.30]	[2.19, 10.30]
Pediatrics	43.47	35.30	46.71	42.98	22.77
	[17.91, 73.06]	[27.06, 44.52]	[37.13, 56.54]	[37.92, 48.18]	[15.36, 32.40]
OB/GYN	8.08	24.37	33.03	36.13	35.42
	[3.78, 16.42]	[17.45, 32.93]	[24.75, 42.52]	[31.23, 41.34]	[25.67, 46.57]
Other specialist[a]	0.81	6.84	2.52	4.14	2.33
	[0.18, 3.62]	[2.96, 15.00]	[1.03, 6.04]	[2.53, 6.69]	[0.54, 9.44]

	JR Enlisted	SR Enlisted	JR Officer	SR Officer	Warrant Officer
	Prop.	Prop.	Prop.	Prop.	Prop.
	95% CI	95% CI	95% CI	95% CI	95% CI
Health Care While Activated					
Q9: If any of your dependent family members had health care coverage through a non-TRICARE plan prior to any of your activations lasting more than 30 days, did any of them remain on that health care coverage plan while you were activated?					
Yes	17.70	43.91	43.63	55.95	59.43
	[7.52, 36.25]	[35.49, 52.71]	[34.26, 53.47]	[50.80, 60.97]	[48.60, 69.42]
No *[SKIP TO Q12]*	82.30	56.09	56.37	44.05	40.57
	[63.75, 92.48]	[47.29, 64.51]	[46.53, 65.74]	[39.03, 49.20]	[30.58, 51.40]
Q10: If yes, why did any of your dependent family members remain on their non-TRICARE plan(s) while you were activated?					
Employer paid	18.41	37.30	40.83	35.39	49.22
	[7.16, 39.75]	[25.70, 50.57]	[27.20, 56.03]	[29.09, 42.25]	[35.17, 63.39]
Could not terminate prior coverage	64.25	35.97	36.93	36.11	31.25
	[37.34, 84.42]	[24.11, 49.82]	[23.66, 52.52]	[29.57, 43.22]	[19.58, 45.90]
Member paid because they preferred it	17.34	26.74	22.25	28.49	19.54
	[6.78, 37.68]	[16.49, 40.28]	[12.29, 36.88]	[22.50, 35.35]	[10.12, 34.37]
Q11: For which of the following reasons did you prefer to keep your family's non-TRICARE health care coverage active while you were activated?					
Usual doctor declined TRICARE	40.64	76.30	57.34	78.57	65.72
	[13.29, 75.36]	[56.43, 88.89]	[26.93, 83.06]	[65.39, 87.68]	[30.45, 89.36]
Travel to provider too long with TRICARE	7.78	24.05	7.71	20.37	34.28
	[1.00, 41.31]	[10.55, 45.95]	[2.76, 19.74]	[10.96, 34.73]	[10.64, 69.55]
Doctor declined new TRICARE patients	0.00	3.22	1.93	10.22	14.31
		[0.75, 12.73]	[0.38, 9.11]	[3.36, 27.14]	[1.97, 58.11]
Disliked TRICARE providers	22.53	12.98	3.04	15.45	28.62
	[5.21, 60.62]	[4.52, 31.99]	[0.66, 12.87]	[8.58, 26.24]	[7.37, 66.91]
Wait for appointments too long	0.00	9.12	3.04	23.57	28.62
		[3.59, 21.27]	[0.66, 12.87]	[13.50, 37.87]	[7.37, 66.91]
Could not find information	0.00	7.02	2.99	4.07	2.83
		[2.59, 17.61]	[0.65, 12.68]	[1.49, 10.65]	[0.35, 19.28]
Switching was too great a burden[a]	36.61	14.60	38.58	11.53	14.31
	[11.53, 71.90]	[6.65, 29.12]	[14.01, 70.77]	[5.45, 22.77]	[1.97, 58.11]

	JR Enlisted	SR Enlisted	JR Officer	SR Officer	Warrant Officer
	Prop.	Prop.	Prop.	Prop.	Prop.
	95% CI	95% CI	95% CI	95% CI	95% CI
Q12: When your dependent family members gained premium-free TRICARE coverage, which TRICARE option did they participate in?					
TRICARE Standard/Extra	11.42	13.21	14.38	27.16	27.26
	[3.93, 28.88]	[8.99, 18.99]	[8.87, 22.48]	[22.78, 32.04]	[18.42, 38.34]
TRICARE Prime	7.15	27.50	42.86	29.91	25.81
	[3.32, 14.71]	[21.09, 35.01]	[33.35, 52.93]	[25.40, 34.85]	[17.72, 35.97]
TRICARE Prime Remote (TPRADFM)	46.01	26.50	14.99	9.56	17.30
	[18.70, 75.95]	[18.56, 36.33]	[9.28, 23.30]	[6.87, 13.17]	[10.34, 27.52]
Do not know	25.04	11.95	9.01	9.91	11.75
	[6.63, 61.12]	[7.41, 18.72]	[5.27, 15.00]	[7.37, 13.20]	[6.30, 20.88]
I did not participate in TRICARE *[SKIP TO Q24]*	10.38	20.84	18.76	23.45	17.88
	[3.35, 27.92]	[14.39, 29.18]	[12.48, 27.22]	[19.38, 28.08]	[11.31, 27.10]
	JR Enlisted	SR Enlisted	JR Officer	SR Officer	Warrant Officer
	Prop.	Prop.	Prop.	Prop.	Prop.
	95% CI	95% CI	95% CI	95% CI	95% CI
Q13: During any of your activations lasting more than 30 days, did any of your dependent family members miss any key appointments or delay getting medical care, tests, treatments, or prescriptions because a particular provider did not accept TRICARE beneficiaries?					
Yes	2.58	12.65	14.24	16.04	9.98
	[0.95, 6.78]	[7.26, 21.13]	[8.41, 23.11]	[12.17, 20.86]	[5.23, 18.23]
No *[SKIP TO Q15]*	91.30	77.08	76.83	73.29	71.87
	[81.37, 96.19]	[68.55, 83.84]	[66.7, 84.59]	[67.62, 78.29]	[59.53, 81.61]
I don't know *[SKIP TO Q15]*	6.12	10.27	8.93	10.66	18.15
	[2.55, 13.97]	[6.74, 15.33]	[4.43, 17.18]	[7.36, 15.21]	[10.01, 30.65]
Q15: During any of your activations lasting more than 30 days, did any of your dependent family members' usual doctors refuse to give them an appointment or refuse to see them because their office practice, clinic, health center, or other place did not accept TRICARE beneficiaries?					
No *[SKIP TO Q19]*	55.57	71.95	65.47	62.40	70.58
	[23.78, 83.37]	[63.22, 79.28]	[54.34, 75.13]	[56.38, 68.05]	[58.48, 80.34]
Yes	2.33	17.34	18.31	23.89	14.01
	[0.84, 6.30]	[11.21, 25.84]	[11.27, 28.33]	[18.91, 29.69]	[7.76, 23.99]
I don't know *[SKIP TO Q19]*	42.10	10.72	16.22	13.72	15.40
	[15.19, 74.69]	[7.23, 15.60]	[9.59, 26.11]	[10.24, 18.13]	[8.30, 26.82]

	JR Enlisted	SR Enlisted	JR Officer	SR Officer	Warrant Officer
	Prop.	Prop.	Prop.	Prop.	Prop.
	95% CI	95% CI	95% CI	95% CI	95% CI
Q16: How many providers refused to give appointments or see your dependent family members because their office practice, clinic, health center, or other facility did not accept TRICARE beneficiaries?					
1	74.43	57.03	50.59	40.28	51.73
	[37.38, 93.42]	[34.17, 77.24]	[26.84, 74.08]	[27.99, 53.94]	[24.05, 78.39]
2	25.57	31.33	40.88	43.43	34.53
	[6.58, 62.62]	[13.68, 56.78]	[19.55, 66.29]	[30.50, 57.32]	[11.78, 67.57]
3	0.00	2.60	5.58	11.74	5.85
		[0.71, 9.00]	[2.18, 13.56]	[5.68, 22.07]	[1.57, 19.50]
4	0.00	5.85	0.98	1.78	2.20
		[1.16, 24.77]	[0.13, 7.12]	[0.43, 7.05]	[0.28, 15.13]
5 or more	0.00	3.20	1.97	2.76	5.69
		[0.43, 20.12]	[0.45, 8.27]	[0.87, 8.45]	[1.28, 21.92]
Q17: Select the specialty of each provider that refused to give appointments or see your dependent family members because their office practice, clinic, health center, or other facility did not accept TRICARE beneficiaries.					
GP/ family medicine	52.82	61.84	45.72	61.54	89.96
	[20.11, 83.27]	[37.67, 81.29]	[23.57, 69.71]	[48.43, 73.17]	[72.69, 96.79]
Internal medicine	1.98	10.49	22.75	17.53	2.85
	[0.24, 14.40]	[3.38, 28.21]	[7.34, 52.27]	[9.23, 30.76]	[0.37, 18.88]
Pediatrics	35.72	17.56	43.67	18.97	12.39
	[10.97, 71.49]	[8.36, 33.21]	[21.1, 69.21]	[10.89, 30.97]	[4.56, 29.49]
OB/GYN	11.45	8.86	32.80	19.45	17.93
	[1.51, 52.26]	[3.98, 18.56]	[14.45, 58.52]	[11.26, 31.49]	[7.11, 38.41]
Don't know	0.00	2.21	12.56	14.12	2.85
		[0.52, 9.00]	[2.61, 43.5]	[7.31, 25.54]	[0.37, 18.88]
Other specialist[a]	11.45	23.62	3.01	23.50	7.89
	[1.51, 52.26]	[7.61, 53.72]	[0.87, 9.90]	[13.8, 37.09]	[2.23, 24.31]
Q18: Why did your dependent family members NOT continue to get care in the same doctor's office, clinic, health center, or other facility that they went to prior to gaining premium-free TRICARE?					
Did not accept new TRICARE patients	21.07	21.76	44.55	18.10	11.01
	[3.56, 65.89]	[10.37, 40.06]	[21.83, 69.81]	[10.45, 29.49]	[3.74, 28.25]
Did not accept TRICARE	57.32	68.20	72.61	74.36	72.69
	[22.55, 86.1]	[42.34, 86.23]	[45.35, 89.44]	[60.81, 84.43]	[41.1, 91.04]
Did not like provider	0.00	4.15	0.00	0.96	4.35
		[0.82, 18.41]		[0.13, 6.63]	[0.91, 18.28]
Wait for appointments too long	1.98	4.39	0.85	10.52	2.85
	[0.24, 14.4]	[1.62, 11.35]	[0.11, 6.20]	[4.99, 20.81]	[0.37, 18.88]
TRICARE would not pay	56.79	34.56	31.73	33.51	27.31
	[22.20, 85.83]	[15.86, 59.66]	[14.14, 56.73]	[22.48, 46.70]	[8.96, 58.90]
Could not afford care	19.09	5.34	11.71	0.96	0.00
	[2.72, 66.58]	[0.95, 24.91]	[2.18, 44.06]	[0.13, 6.63]	

	JR Enlisted	SR Enlisted	JR Officer	SR Officer	Warrant Officer
	Prop.	Prop.	Prop.	Prop.	Prop.
	95% CI	95% CI	95% CI	95% CI	95% CI
Q19: During any of your activations when your dependent family members were covered by premium-free TRICARE, was there a particular doctor's office, clinic, health center, or other facility that they would usually go if they were sick or needed advice about their health?					
Yes	61.58	74.15	72.33	74.03	77.85
	[27.57, 87.1]	[64.93, 81.63]	[61.3, 81.18]	[68.71, 78.73]	[66.21, 86.3]
No *[SKIP TO Q21]*	38.42	25.85	27.67	25.97	22.15
	[12.9, 72.43]	[18.37, 35.07]	[18.82, 38.7]	[21.27, 31.29]	[13.7, 33.79]
Q20: Which of the following best describes the place where your dependent family members went, if they were sick or needed advice about their health during any of your activations when your dependent family members were covered by premium-free TRICARE?					
Doctor's office	93.79	90.95	89.91	84.64	86.59
	[82.00, 98.04]	[84.91, 94.72]	[77.18, 95.92]	[78.87, 89.06]	[74.67, 93.39]
Hospital clinic/ outpatient department	36.18	21.18	22.57	23.02	18.23
	[6.97, 81.10]	[13.81, 31.07]	[12.89, 36.47]	[17.62, 29.48]	[10.06, 30.78]
ER	77.26	8.95	6.38	10.18	5.84
	[49.88, 92.07]	[5.21, 14.96]	[2.28, 16.63]	[6.55, 15.49]	[1.65, 18.69]
Urgent care center	71.73	15.73	16.52	24.48	16.44
	[38.00, 91.30]	[10.64, 22.63]	[9.62, 26.91]	[18.92, 31.05]	[8.59, 29.17]
Do not know	33.23	0.24	0.51	1.54	2.66
	[5.55, 80.81]	[0.04, 1.39]	[0.12, 2.10]	[0.53, 4.36]	[0.37, 16.59]
Q21: During any of your activations when your dependent family members were covered by premium-free TRICARE, what was the specialty of the provider that your dependent family members usually went to if they were sick or needed advice about their health?					
GP/family medicine	84.15	80.76	65.80	72.58	81.31
	[63.82, 94.11]	[72.38, 87.05]	[54.31, 75.69]	[66.92, 77.6]	[70.26, 88.91]
Internal medicine	20.70	13.36	6.58	16.92	6.03
	[3.44, 65.69]	[8.24, 20.93]	[2.80, 14.72]	[12.78, 22.05]	[2.31, 14.84]
Pediatrics	49.68	25.33	44.39	39.77	20.66
	[19.61, 79.99]	[18.33, 33.90]	[33.82, 55.50]	[34.18, 45.63]	[12.83, 31.55]
OB/GYN	24.69	17.84	25.95	31.08	26.86
	[5.45, 65.08]	[11.69, 26.26]	[17.62, 36.47]	[25.86, 36.84]	[17.20, 39.36]
Do not know	29.27	7.44	13.83	9.88	8.68
	[7.81, 66.91]	[4.65, 11.71]	[7.52, 24.05]	[6.88, 14.00]	[3.85, 18.42]

	JR Enlisted	SR Enlisted	JR Officer	SR Officer	Warrant Officer
	Prop.	Prop.	Prop.	Prop.	Prop.
	95% CI	95% CI	95% CI	95% CI	95% CI
Q22: While covered by premium-free TRICARE during any of your activations, did you or any dependent family member experience any of the following challenges?					
Negative financial impact	22.38	11.76	10.72	11.74	10.82
	[4.25, 65.20]	[7.13, 18.81]	[5.75, 19.12]	[8.46, 16.07]	[5.53, 20.10]
Difficulty getting claims processed	2.87	24.19	21.46	30.83	28.49
	[1.10, 7.27]	[16.90, 33.36]	[14.03, 31.39]	[25.67, 36.52]	[18.67, 40.89]
Not able to continue with provider	8.73	20.95	17.18	25.46	17.21
	[2.11, 29.75]	[14.03, 30.10]	[10.70, 26.42]	[20.50, 31.16]	[10.12, 27.73]
Lack of emergency care	20.24	0.22	0.62	1.24	0.79
	[3.23, 65.89]	[0.05, 0.94]	[0.23, 1.67]	[0.36, 4.20]	[0.20, 3.17]
Lack of primary care within 50 miles	1.23	10.04	10.43	8.70	2.36
	[0.33, 4.45]	[5.00, 19.15]	[5.32, 19.44]	[5.57, 13.33]	[0.44, 11.74]
Lack of specialty care within 50 miles	0.31	5.86	3.20	6.27	3.15
	[0.05, 1.94]	[2.45, 13.34]	[1.32, 7.56]	[3.96, 9.81]	[0.85, 10.99]
Lack of medications	1.95	6.53	1.21	8.60	4.14
	[0.66, 5.61]	[2.88, 14.11]	[0.56, 2.61]	[5.71, 12.76]	[1.47, 11.11]
Lack of access to medical devices	0.00	0.38	0.20	0.82	0.00
		[0.10, 1.49]	[0.03, 1.41]	[0.16, 3.98]	
Negative impact on medical readiness	0.57	3.35	5.15	5.45	3.41
	[0.12, 2.63]	[1.91, 5.80]	[2.15, 11.83]	[3.31, 8.83]	[1.00, 11.02]
No challenges	65.59	55.70	50.98	44.95	46.81
	[30.82, 89.08]	[45.86, 65.11]	[40.08, 61.79]	[39.18, 50.85]	[35.11, 58.88]
Q24: Which of the following options do you most prefer?					
Continue TRS	55.04	75.98	71.17	73.20	73.00
	[27.36, 79.92]	[69.02, 81.79]	[58.93, 80.94]	[69.2, 76.85]	[64.48, 80.11]
Cash allowance	35.41	11.86	13.25	13.86	14.73
	[11.66, 69.48]	[7.76, 17.70]	[8.90, 19.28]	[11.14, 17.13]	[9.62, 21.90]
Program like FEHB	9.55	12.16	15.59	12.94	12.26
	[2.65, 29.01]	[8.61, 16.91]	[6.97, 31.27]	[10.27, 16.18]	[7.80, 18.76]

	JR Enlisted	SR Enlisted	JR Officer	SR Officer	Warrant Officer
	Prop.	Prop.	Prop.	Prop.	Prop.
	95% CI	95% CI	95% CI	95% CI	95% CI
Demographics					
Q25: In what year were you born?[b]					
18-24	9.45	0.16	0.62	0.00	0.00
	[4.24, 19.78]	[0.05, 0.53]	[0.11, 3.47]		
25-34	39.12	13.85	33.78	0.96	11.13
	[18.57, 64.41]	[9.81, 19.20]	[22.45, 47.34]	[0.44, 2.06]	[4.48, 25.05]
35-44	38.26	45.59	47.14	32.66	29.90
	[13.52, 71.07]	[36.06, 55.45]	[37.35, 57.16]	[28.62, 36.97]	[20.77, 40.97]
45+	13.17	40.40	18.46	66.39	58.97
	[4.36, 33.52]	[32.19, 49.19]	[13.46, 24.78]	[62.07, 70.45]	[47.61, 69.44]
Q26: What is your gender?					
Male	86.53	84.72	70.25	82.54	96.58
	[75.27, 93.13]	[79.06, 89.06]	[56.6, 81.04]	[78.23, 86.15]	[93.98, 98.08]
Female	13.47	15.28	29.75	17.46	3.42
	[6.87, 24.73]	[10.94, 20.94]	[18.96, 43.4]	[13.85, 21.77]	[1.92, 6.02]
Q27: What is your current marital status?					
Never married	18.63	7.41	5.57	2.24	0.57
	[8.62, 35.70]	[2.30, 21.41]	[3.06, 9.93]	[0.75, 6.49]	[0.18, 1.84]
Married	41.68	73.92	87.07	91.95	86.30
	[20.68, 66.19]	[62.70, 82.69]	[80.56, 91.63]	[88.14, 94.61]	[74.52, 93.14]
Divorced	38.84	18.51	7.33	5.72	12.95
	[14.51, 70.39]	[11.80, 27.85]	[3.95, 13.19]	[3.86, 8.40]	[6.23, 25.00]
Widowed	0.85	0.15	0.03	0.09	0.17
	[0.11, 6.19]	[0.03, 0.70]	[0.00, 0.23]	[0.02, 0.37]	[0.02, 1.24]
Q28: Do you have any dependent family members in the Exceptional Family Member Program (EFMP)?					
Yes	3.13	3.42	7.51	4.76	2.65
	[0.91, 10.21]	[1.83, 6.29]	[2.41, 21.08]	[3.46, 6.51]	[1.06, 6.43]
No	93.35	92.04	84.14	90.48	88.27
	[85.26, 97.15]	[87.48, 95.03]	[74.02, 90.81]	[88.22, 92.34]	[75.20, 94.92]
N/A	3.52	4.54	8.35	4.76	9.08
	[1.35, 8.83]	[2.31, 8.74]	[5.61, 12.27]	[3.51, 6.42]	[3.12, 23.64]

	JR Enlisted	SR Enlisted	JR Officer	SR Officer	Warrant Officer
	Prop.	Prop.	Prop.	Prop.	Prop.
	95% CI	95% CI	95% CI	95% CI	95% CI
Q29: What is your annual household income?					
Less than $20,000	6.23	4.20	0.52	0.04	0.00
	[2.58, 14.31]	[1.53, 10.99]	[0.10, 2.79]	[0.01, 0.27]	
$20,000 to $34,999	13.27	1.00	0.84	0.14	0.82
	[6.26, 25.95]	[0.63, 1.58]	[0.25, 2.84]	[0.05, 0.41]	[0.29, 2.25]
$35,000 to $49,999	52.29	13.84	6.67	1.00	1.23
	[27.49, 76.01]	[8.07, 22.72]	[4.19, 10.46]	[0.50, 2.00]	[0.56, 2.71]
$50,000 to $74,999	13.55	28.10	15.72	5.03	17.80
	[5.90, 28.14]	[20.41, 37.33]	[8.72, 26.69]	[3.64, 6.91]	[10.33, 28.91]
$75,000 to $99,999	5.05	25.75	26.29	14.12	35.51
	[1.46, 16.01]	[19.73, 32.86]	[16.64, 38.91]	[11.53, 17.18]	[26.37, 45.84]
$100,000 to $149,999	9.23	22.09	32.02	44.56	31.33
	[2.38, 29.79]	[14.61, 31.95]	[25.10, 39.84]	[40.25, 48.96]	[23.61, 40.25]
$150,000 to $199,999	0.26	3.52	13.34	18.32	10.66
	[0.11, 0.65]	[2.08, 5.89]	[9.27, 18.83]	[15.68, 21.30]	[6.49, 17.01]
$200,000 or more	0.11	1.50	4.60	16.79	2.66
	[0.02, 0.49]	[0.51, 4.30]	[2.90, 7.21]	[13.97, 20.03]	[1.23, 5.67]

Source:

[a.] Answer was coded from free text responses to this question.

[b.] Age groups are defined using reported birth year.

Table 32 – Question Tabulations by Age Groups

	18-24	25-34	35-44	45+
	Prop.	Prop.	Prop.	Prop.
	95% CI	95% CI	95% CI	95% CI
Access to Health Care Prior to Activation				
Q1: In what year were you most recently activated?				
2013 or earlier	0.00	4.78	11.42	27.84
		[2.15, 10.28]	[6.68, 18.84]	[20.14, 37.12]
2014-2016	18.77	29.02	49.08	32.08
	[4.91, 50.82]	[15.38, 47.89]	[29.4, 69.04]	[24.64, 40.55]
2017	67.11	40.91	34.83	36.67
	[38.28, 87.03]	[25.91, 57.82]	[20.4, 52.71]	[27.54, 46.86]
Never	14.12	25.30	4.68	3.41
	[3.66, 41.6]	[12.92, 43.59]	[2.66, 8.09]	[1.68, 6.83]
Q2: Have you ever been activated for more than 30 days while a member of the National Guard or Reserve?				
Yes	67.16	83.39	97.91	97.31
	[34.74, 88.71]	[54.96, 95.38]	[96.07, 98.9]	[93.27, 98.96]
No	32.84	16.61	2.09	2.69
	[11.29, 65.26]	[4.62, 45.04]	[1.1, 3.93]	[1.04, 6.73]
Q3: How many dependent family members do you have?				
0	76.29	38.03	44.80	21.51
	[39.6, 94.04]	[21.77, 57.50]	[23.29, 68.46]	[11.51, 36.61]
1	21.83	27.35	9.09	22.21
	[4.98, 59.8]	[11.58, 51.98]	[4.83, 16.46]	[16.4, 29.36]
2+	1.88	34.62	46.11	56.27
	[0.55, 6.24]	[21.43, 50.69]	[27.17, 66.24]	[45.57, 66.43]

	18-24	25-34	35-44	45+
	Prop.	Prop.	Prop.	Prop.
	95% CI	95% CI	95% CI	95% CI
Q4: What health care coverage do your dependent family members typically have prior to your activation(s)?				
Civilian employer	9.65	20.01	40.09	41.05
	[1.82, 38.18]	[10.26, 35.36]	[31.64, 49.16]	[33.67, 48.86]
COBRA	0.00	0.00	0.00	0.02
				[0, 0.16]
Retirement from previous employer	0.00	0.00	0.00	0.38
				[0.17, 0.88]
Family member employer	65.86	5.14	7.37	13.43
	[19.03, 94.06]	[2.48, 10.35]	[5.19, 10.35]	[9.12, 19.34]
Retirement from family member	0.00	0.82	0.30	0.91
		[0.20, 3.36]	[0.10, 0.91]	[0.36, 2.29]
Another organization	0.00	7.53	0.39	0.66
		[1.19, 35.47]	[0.17, 0.88]	[0.27, 1.60]
TRICARE Reserve Select	11.75	62.31	44.18	36.99
	[2.31, 42.85]	[41.54, 79.36]	[35.8, 52.92]	[29.39, 45.29]
TRICARE Retired Reserve	0.00	0.00	2.13	0.38
			[0.40, 10.5]	[0.13, 1.11]
TRICARE through family member	10.01	3.71	2.35	1.03
	[0.96, 56.02]	[1.08, 11.91]	[1.37, 4.00]	[0.61, 1.76]
FEHB	0.00	6.97	10.23	15.02
		[3.72, 12.69]	[6.66, 15.40]	[10.50, 21.03]
ACA or Medicaid	3.90	0.62	0.16	1.78
	[0.57, 22.21]	[0.18, 2.10]	[0.04, 0.68]	[0.30, 9.73]
Medicare or other program	6.17	1.10	4.35	1.02
	[0.59, 42.24]	[0.38, 3.13]	[1.82, 10.03]	[0.34, 3.03]
Don't know	1.97	0.18	2.77	0.01
	[0.19, 17.78]	[0.03, 1.12]	[0.40, 16.65]	[0, 0.10]
No insurance	0.00	1.94	2.03	0.23
		[0.74, 4.97]	[0.36, 10.71]	[0.08, 0.64]
Q5: Who is the named policy holder (sometimes called the subscriber) of your family's health care coverage identified in the previous question?				
The reservist		83.10	83.32	78.03
		[68.20, 91.85]	[76.07, 88.70]	[69.38, 84.78]
Current Spouse		10.84	15.88	22.26
		[5.68, 19.70]	[10.99, 22.39]	[15.62, 30.69]
Former Spouse		3.68	3.53	1.49
		[0.64, 18.56]	[1.29, 9.33]	[0.45, 4.79]
Q6: Prior to your activation(s), did any of your dependent family members typically have a particular doctor's office, clinic, health center, or other place to which they would usually go when they needed to see a doctor?				
Yes		89.12	89.91	93.80
		[79.05, 94.68]	[79.81, 95.26]	[91.01, 95.77]
No		8.32	8.77	4.54
		[3.83, 17.17]	[3.7, 19.36]	[2.88, 7.09]
More than one place		2.55	1.32	1.66
		[0.74, 8.37]	[0.62, 2.79]	[0.92, 2.97]

		18-24	25-34	35-44	45+
		Prop.	Prop.	Prop.	Prop.
		95% CI	95% CI	95% CI	95% CI
Q7: Which of the following best describes the place where your dependent family members would go when they need to see a doctor prior to your activation(s)?					
Doctor's office			87.01	93.07	93.58
			[74.30, 93.95]	[80.53, 97.76]	[89.88, 95.99]
Hospital clinic/ outpatient department			16.66	12.82	12.09
			[8.40, 30.33]	[6.77, 22.95]	[8.30, 17.28]
ER			8.88	12.08	8.74
			[3.96, 18.74]	[5.77, 23.54]	[5.30, 14.08]
Urgent care center			19.11	20.99	18.87
			[9.55, 34.57]	[12.31, 33.45]	[12.78, 26.97]
Q8: Prior to your activation(s), what was the specialty of your dependent family members' usual provider(s)?					
GP/family medicine			84.98	83.89	91.98
			[73.33, 92.09]	[72.21, 91.25]	[83.98, 96.16]
Internal medicine			9.96	18.83	13.21
			[3.94, 22.98]	[9.09, 34.97]	[9.08, 18.83]
Pediatrics			58.13	54.79	23.22
			[36.83, 76.77]	[41.95, 67.02]	[16.91, 31.00]
OB/GYN			22.55	29.32	23.11
			[12.02, 38.28]	[19.48, 41.58]	[16.83, 30.85]
Other specialist[a]			2.35	4.35	7.38
			[0.72, 7.37]	[0.86, 19.24]	[3.3, 15.68]

		18-24	25-34	35-44	45+
		Prop.	Prop.	Prop.	Prop.
		95% CI	95% CI	95% CI	95% CI
Health Care While Activated					
Q9: If any of your dependent family members had health care coverage through a non TRICARE plan prior to any of your activations lasting more than 30 days, did any of them remain on that health care coverage plan while you were activated?					
Yes			25.14	42.46	49.96
			[14.14, 40.65]	[30.99, 54.81]	[40.77, 59.16]
No			74.86	57.54	50.04
			[59.35, 85.86]	[45.19, 69.01]	[40.84, 59.23]
Q10: If yes, why did any of your dependent family members remain on their non-TRICARE plan(s) while you were activated?					
Employer paid			20.73	26.74	45.01
			[9.31, 39.96]	[14.05, 44.91]	[33.78, 56.78]
Could not terminate prior coverage			39.76	37.85	36.63
			[21.01, 62.09]	[22.79, 55.69]	[25.38, 49.54]
Member paid because they preferred it			39.51	35.40	18.36
			[22.16, 59.98]	[19.33, 55.62]	[12.49, 26.16]
Q11: For which of the following reasons did you prefer to keep your family's non-TRICARE health care coverage active while you were activated?					
Usual doctor declined TRICARE			28.21	77.55	79.52
			[9.14, 60.54]	[50.65, 92.08]	[64.83, 89.11]
Travel to provider too long with TRICARE			2.72	7.27	44.13
			[0.35, 18.20]	[2.43, 19.79]	[26.7, 63.15]
Doctor declined new TRICARE patients			0.00	0.50	11.18
				[0.08, 2.98]	[4.64, 24.57]
Disliked TRICARE providers			0.00	5.36	25.12
				[1.58, 16.65]	[11.43, 46.58]
Wait for appointments too long			13.34	7.26	17.96
			[1.89, 55.09]	[2.42, 19.81]	[9.21, 32.08]
Could not find information			8.23	3.07	9.22
			[1.11, 41.74]	[0.59, 14.54]	[3.51, 22.11]
Switching was too great a burden[a]			41.99	8.38	15.96
			[17.77, 70.8]	[2.69, 23.24]	[7.38, 31.15]
Q12: When your dependent family members gained premium-free TRICARE coverage, which TRICARE option did they participate in?					
TRICARE Standard/Extra			17.08	18.53	11.76
			[8.38, 31.69]	[11.66, 28.15]	[8.60, 15.87]
TRICARE Prime			36.21	26.37	25.74
			[20.61, 55.39]	[17.53, 37.62]	[19.87, 32.65]
TRICARE Prime Remote (TPRADFM)			8.79	25.22	26.56
			[4.18, 17.56]	[14.37, 40.39]	[17.41, 38.30]
Do not know			29.23	9.39	13.11
			[9.17, 62.82]	[4.51, 18.50]	[8.17, 20.39]
I did not participate in TRICARE			8.69	20.50	22.82
			[3.49, 20.05]	[12.36, 32.06]	[16.04, 31.39]

	18-24	25-34	35-44	45+
	Prop.	Prop.	Prop.	Prop.
	95% CI	95% CI	95% CI	95% CI
Q13: During any of your activations lasting more than 30 days, did any of your dependent family members miss any key appointments or delay getting medical care, tests, treatments, or prescriptions because a particular provider did not accept TRICARE beneficiaries?				
Yes		10.50	12.82	13.21
		[5.02, 20.66]	[6.17, 24.76]	[7.59, 21.98]
No		78.22	78.21	77.01
		[63.34, 88.19]	[66.22, 86.8]	[68.15, 83.98]
I don't know		11.28	8.96	9.79
		[5.58, 21.47]	[4.78, 16.19]	[6.47, 14.55]
Q15: During any of your activations lasting more than 30 days, did any of your dependent family members' usual doctors refuse to give them an appointment or refuse to see them because their office practice, clinic, health center, or other place did not accept TRICARE beneficiaries?				
No		68.41	63.91	71.79
		[48.95, 83.03]	[49.23, 76.39]	[62.52, 79.51]
Yes		18.03	16.45	16.45
		[8.32, 34.76]	[9.27, 27.51]	[10.16, 25.51]
I don't know		13.56	19.64	11.77
		[6.98, 24.70]	[9.73, 35.64]	[8.10, 16.79]
Q16: How many providers refused to give appointments or see your dependent family members because their office practice, clinic, health center, or other facility did not accept TRICARE beneficiaries?				
1		69.02	65.66	43.29
		[39.61, 88.33]	[42.46, 83.20]	[22.49, 66.75]
2		30.62	26.12	44.38
		[11.47, 60.05]	[12.38, 46.92]	[21.41, 70.04]
3		0.37	4.19	6.07
		[0.05, 2.88]	[1.61, 10.49]	[2.32, 14.98]
4		0.00	2.96	0.63
			[0.49, 15.82]	[0.14, 2.74]
5 or more		0.00	1.08	5.63
			[0.29, 3.89]	[1.01, 25.91]
Q17: Select the specialty of each provider that refused to give appointments or see your dependent family members because their office practice, clinic, health center, or other facility did not accept TRICARE beneficiaries.				
GP/ family medicine		83.89	79.38	47.88
		[56.99, 95.34]	[61.08, 90.42]	[25.52, 71.11]
Internal medicine		8.79	8.72	10.44
		[1.43, 38.96]	[3.10, 22.24]	[3.61, 26.63]
Pediatrics		18.88	32.91	9.51
		[5.76, 47.00]	[14.97, 57.75]	[4.19, 20.19]
OB/GYN		13.00	23.21	6.25
		[4.10, 34.32]	[10.92, 42.70]	[2.49, 14.81]
Don't know		4.52	2.64	7.59
		[0.72, 23.60]	[0.45, 14.05]	[3.24, 16.78]
Other specialist[a]		11.68	4.78	38.62
		[2.49, 40.61]	[1.78, 12.23]	[15.90, 67.67]

	18-24	25-34	35-44	45+
	Prop.	Prop.	Prop.	Prop.
	95% CI	95% CI	95% CI	95% CI
Q18: Why did your dependent family members NOT continue to get care in the same doctor's office, clinic, health center, or other facility that they went to prior to gaining premium-free TRICARE?				
Did not accept new TRICARE patients		17.59	21.69	18.38
		[5.32, 44.74]	[9.91, 41.09]	[7.55, 38.31]
Did not accept TRICARE		67.78	81.66	59.57
		[37.61, 88.02]	[64.1, 91.74]	[31.59, 82.46]
Did not like provider		0.00	2.33	5.04
			[0.45, 11.16]	[0.75, 27.06]
Wait for appointments too long		0.31	6.29	5.79
		[0.04, 2.45]	[2.34, 15.82]	[2.1, 15]
TRICARE would not pay		26.44	24.41	47.36
		[9.16, 56.17]	[11.64, 44.2]	[24.08, 71.84]
Could not afford care		2.86	0.39	3.26
		[0.36, 19.28]	[0.09, 1.73]	[0.84, 11.89]
Q19: During any of your activations when your dependent family members were covered by premium-free TRICARE, was there a particular doctor's office, clinic, health center, or other facility that they would usually go if they were sick or needed advice about their health?				
Yes		71.66	75.22	72.55
		[52.89, 85.07]	[61.6, 85.17]	[60.53, 82]
No		28.34	24.78	27.45
		[14.93, 47.11]	[14.83, 38.4]	[18, 39.47]
Q20: Which of the following best describes the place where your dependent family members went, if they were sick or needed advice about their health during any of your activations when your dependent family members were covered by premium-free TRICARE?				
Doctor's office		82.21	92.38	91.48
		[58.44, 93.82]	[85.6, 96.12]	[86.22, 94.86]
Hospital clinic/ outpatient department		22.95	29.59	18.90
		[8.87, 47.69]	[15.37, 49.31]	[12.52, 27.5]
ER		47.63	18.74	7.10
		[18.33, 78.65]	[7.17, 40.78]	[3.79, 12.92]
Urgent care center		46.36	24.46	16.69
		[17.13, 78.32]	[12.13, 43.17]	[10.99, 24.53]
Do not know		1.36	9.30	0.50
		[0.32, 5.56]	[1.44, 41.84]	[0.16, 1.55]
Q21: During any of your activations when your dependent family members were covered by premium-free TRICARE, what was the specialty of the provider that your dependent family members usually went to if they were sick or needed advice about their health?				
GP/family medicine		78.86	76.91	80.33
		[64.41, 88.49]	[65.05, 85.63]	[71.33, 87.02]
Internal medicine		2.77	17.71	14.52
		[0.93, 7.96]	[7.56, 36.17]	[9.69, 21.19]
Pediatrics		49.23	43.65	18.15
		[26.55, 72.23]	[30.30, 57.98]	[13.00, 24.77]
OB/GYN		14.65	31.86	16.26
		[7.53, 26.58]	[19.40, 47.6]	[11.29, 22.85]
Do not know		10.15	14.89	9.14
		[4.92, 19.81]	[6.04, 32.26]	[5.73, 14.26]

	18-24	25-34	35-44	45+
	Prop.	Prop.	Prop.	Prop.
	95% CI	95% CI	95% CI	95% CI
Q22: While covered by premium-free TRICARE during any of your activations, did you or any dependent family member experience any of the following challenges?				
Negative financial impact		12.83	8.26	16.94
		[5.16, 28.47]	[4.85, 13.72]	[8.59, 30.68]
Difficulty getting claims processed		17.39	22.10	25.34
		[9.11, 30.64]	[13.68, 33.68]	[17.21, 35.66]
Not able to continue with provider		18.03	20.22	20.89
		[8.47, 34.33]	[12.16, 31.7]	[13.26, 31.33]
Lack of emergency care		1.01	0.24	5.69
		[0.28, 3.62]	[0.08, 0.77]	[0.99, 26.66]
Lack of primary care within 50 miles		9.77	13.37	4.36
		[3.19, 26.28]	[5.38, 29.51]	[2.75, 6.83]
Lack of specialty care within 50 miles		1.71	7.00	3.44
		[0.33, 8.49]	[2.03, 21.46]	[1.86, 6.27]
Lack of medications		1.50	2.91	9.74
		[0.53, 4.15]	[1.56, 5.38]	[4.54, 19.65]
Lack of access to medical devices		0.06	0.47	0.40
		[0.01, 0.42]	[0.08, 2.69]	[0.11, 1.43]
Negative impact on medical readiness		3.72	3.61	3.34
		[1.18, 11.15]	[2.03, 6.32]	[1.74, 6.32]
No challenges		64.37	55.47	50.36
		[44.17, 80.49]	[41.54, 68.59]	[39.78, 60.92]
Q24: Which of the following options do you most prefer?				
Continue TRS	57.22	64.11	68.06	73.73
	[29.84, 80.80]	[44.65, 79.82]	[39.65, 87.36]	[65.75, 80.41]
Cash allowance	33.35	20.78	23.91	13.10
	[13.17, 62.27]	[9.15, 40.58]	[6.32, 59.39]	[8.18, 20.31]
Program like FEHB	9.43	15.11	8.03	13.17
	[1.33, 44.66]	[5.05, 37.32]	[4.56, 13.76]	[9.09, 18.71]

	18-24	25-34	35-44	45+
	Prop.	Prop.	Prop.	Prop.
	95% CI	95% CI	95% CI	95% CI
Demographics				
Q26: What is your gender?				
Male	52.91	82.02	83.97	88.15
	[26.55, 77.73]	[72.03, 88.99]	[74.76, 90.25]	[80.85, 92.91]
Female	47.09	17.98	16.03	11.85
	[22.27, 73.45]	[11.01, 27.97]	[9.75, 25.24]	[7.09, 19.15]
Q27: What is your current marital status?				
Never married	59.21	10.84	9.62	4.94
	[31.81, 81.87]	[5.65, 19.79]	[2.85, 27.84]	[0.91, 22.75]
Married	30.68	76.66	56.93	75.46
	[12.12, 58.68]	[62.8, 86.47]	[33.98, 77.24]	[62.53, 85]
Divorced	10.12	11.25	33.40	19.38
	[1.51, 45.27]	[4.69, 24.62]	[13.65, 61.39]	[11.35, 31.1]
Widowed	0.00	1.26	0.06	0.21
		[0.17, 8.52]	[0.01, 0.37]	[0.04, 1.15]
Q28: Do you have any dependent family members in the Exceptional Family Member Program (EFMP)?				
Yes	0.70	4.35	2.47	5.43
	[0.15, 3.2]	[1.88, 9.76]	[1.05, 5.73]	[2.48, 11.48]
No	99.30	94.70	94.79	94.05
	[96.8, 99.85]	[88.95, 97.54]	[87.86, 97.86]	[88.18, 97.10]
N/A	0.00	0.95	2.73	0.52
		[0.18, 4.86]	[0.65, 10.70]	[0.26, 1.05]
Q29: What is your annual household income?				
Less than $20,000	29.42	4.39	3.04	2.63
	[10.44, 59.85]	[1.68, 11]	[0.79, 10.92]	[0.42, 14.75]
$20,000 to $34,999	36.53	7.09	1.27	2.30
	[15.16, 64.95]	[3.43, 14.09]	[0.56, 2.84]	[0.48, 10.32]
$35,000 to $49,999	13.41	29.23	30.73	13.20
	[3.25, 41.64]	[14.1, 50.96]	[11.38, 60.51]	[5.69, 27.72]
$50,000 to $74,999	9.30	22.70	23.58	16.78
	[1.38, 42.87]	[12.86, 36.89]	[12.84, 39.27]	[11.7, 23.49]
$75,000 to $99,999	9.82	17.87	14.59	25.45
	[1.39, 45.78]	[10.24, 29.33]	[8.23, 24.55]	[19.02, 33.17]
$100,000 to $149,999	1.51	16.78	21.53	25.56
	[0.23, 9.11]	[6.24, 37.95]	[11.58, 36.51]	[18.76, 33.8]
$150,000 to $199,999	0.00	1.61	3.62	8.41
		[0.87, 2.96]	[2.2, 5.89]	[5.79, 12.05]
$200,000 or more	0.00	0.32	1.65	5.67
		[0.12, 0.86]	[0.99, 2.73]	[3.44, 9.21]

Source:

[a.] Answer was coded from free text responses to this question.

Note: Blank proportion % cells reflect insufficient observations (<10).

Table 33 – Question Tabulations by Income

	Less than $50,000	$50,000 to $74,999	$75,000 to $99,999	$100,000 to $149,999	$150,000 or more
	Prop.	Prop.	Prop.	Prop.	Prop.
	95% CI	95% CI	95% CI	95% CI	95% CI
Access to Health Care Prior to Activation					
Q1: In what year were you most recently activated?					
2013 or earlier	7.48	20.04	19.84	14.47	25.06
	[2.41, 20.89]	[12.25, 31.02]	[13.12, 28.84]	[9.51, 21.41]	[18.93, 32.38]
2014-2016	45.59	42.56	33.51	26.84	27.35
	[21.79, 71.58]	[28.01, 58.53]	[24.21, 44.29]	[17.78, 38.36]	[21.04, 34.73]
2017	30.11	34.45	39.84	52.48	34.02
	[15.22, 50.82]	[23.56, 47.27]	[29.75, 50.87]	[37.71, 66.83]	[25.47, 43.75]
Never *[SKIP TO Q24]*	16.83	2.95	6.82	6.21	13.57
	[7.30, 34.20]	[1.89, 4.58]	[3.49, 12.90]	[3.24, 11.58]	[6.62, 25.79]
Q2: Have you ever been activated for more than 30 days while a member of the National Guard or Reserve?					
Yes	95.03	96.08	97.85	86.57	97.52
	[87.87, 98.05]	[91.16, 98.31]	[96.53, 98.68]	[61.25, 96.34]	[95.83, 98.53]
No *[SKIP TO Q24]*	4.97	3.92	2.15	13.43	2.48
	[1.95, 12.13]	[1.69, 8.84]	[1.32, 3.47]	[3.66, 38.75]	[1.47, 4.17]
Q3: How many dependent family members do you have?					
0 *[SKIP TO Q24]*	64.12	25.87	20.43	23.23	8.48
	[38.23, 83.76]	[10.82, 50.11]	[10.70, 35.48]	[8.04, 51.15]	[4.61, 15.10]
1	13.91	28.08	17.45	9.59	16.52
	[4.51, 35.61]	[18.08, 40.86]	[11.37, 25.83]	[6.42, 14.10]	[11.80, 22.64]
2+	21.98	46.05	62.12	67.18	75.00
	[10.22, 41.07]	[32.00, 60.75]	[49.65, 73.17]	[45.50, 83.38]	[67.31, 81.37]

	Less than $50,000	$50,000 to $74,999	$75,000 to $99,999	$100,000 to $149,999	$150,000 or more
	Prop.	Prop.	Prop.	Prop.	Prop.
	95% CI	95% CI	95% CI	95% CI	95% CI
Q4: What health care coverage do your dependent family members typically have prior to your activation(s)?					
Civilian employer	29.51	33.44	44.95	41.27	35.99
	[14.81, 50.22]	[24.03, 44.38]	[34.34, 56.05]	[32.39, 50.75]	[28.30, 44.48]
COBRA	0.00	0.00	0.04	0.00	0.00
			[0.01, 0.28]		
Retirement from previous employer	0.00	0.29	0.05	0.11	0.53
		[0.07, 1.13]	[0.01, 0.34]	[0.02, 0.54]	[0.13, 2.18]
Family member employer	5.25	8.24	6.77	15.01	17.36
	[1.63, 15.58]	[3.99, 16.24]	[3.87, 11.56]	[9.61, 22.69]	[12.21, 24.09]
Retirement from family member	0.96	1.12	0.07	0.59	0.63
	[0.26, 3.46]	[0.34, 3.65]	[0.01, 0.53]	[0.20 , 1.68]	[0.27, 1.49]
Another organization	6.78	0.64	0.74	0.31	0.06
	[1.12, 31.94]	[0.25, 1.60]	[0.24, 2.21]	[0.05, 1.78]	[0.01, 0.43]
TRICARE Reserve Select *[SKIP TO Q24]*	51.33	47.79	42.13	37.62	37.54
	[29.63, 72.54]	[37.08, 58.70]	[31.50, 53.54]	[29.02, 47.09]	[27.85, 48.35]
TRICARE Retired Reserve *[SKIP TO Q24]*	4.37	0.28	0.41	0.48	0.00
	[0.67, 23.50]	[0.04, 2.00]	[0.12, 1.40]	[0.13, 1.81]	
TRICARE through family member	0.78	0.62	1.87	3.64	3.54
	[0.24, 2.52]	[0.24, 1.62]	[0.64, 5.36]	[1.78, 7.30]	[2.00, 6.18]
FEHB	1.97	10.52	15.90	12.87	16.56
	[0.81, 4.76]	[6.64, 16.29]	[9.38, 25.67]	[8.03, 19.98]	[10.87, 24.41]
ACA or Medicaid	4.87	0.17	0.29	0.00	0.15
	[0.91, 22.32]	[0.02, 1.24]	[0.05, 1.78]		[0.03, 0.69]
Medicare or other program	2.65	6.38	1.05	0.38	0.09
	[1.24, 5.55]	[2.58, 14.92]	[0.43, 2.57]	[0.08, 1.73]	[0.01, 0.66]
Don't know *[SKIP TO Q6]*	0.28	4.06	0.00	0.05	0.00
	[0.08, 1.00]	[0.59, 23.34]		[0.01, 0.35]	
No insurance	1.98	2.94	0.07	0.04	0.15
	[0.83, 4.64]	[0.50, 15.54]	[0.02, 0.24]	[0.00, 0.26]	[0.04, 0.64]
Q5: Who is the named policy holder (sometimes called the subscriber) of your family's health care coverage identified in the previous question?					
The reservist	85.90	74.87	87.80	77.44	73.58
	[65.72, 95.09]	[60.29, 85.39]	[79.72, 92.95]	[65.81, 85.95]	[64.18, 81.23]
Current Spouse	12.76	18.85	8.87	26.66	32.13
	[4.08, 33.48]	[9.68, 33.51]	[5.19, 14.77]	[17.69, 38.08]	[23.99, 41.53]
Former Spouse	2.34	4.27	3.80	0.14	0.45
	[0.73, 7.21]	[1.20, 14.11]	[1.27, 10.76]	[0.05, 0.43]	[0.13, 1.47]
Q6: Prior to your activation(s), did any of your dependent family members typically have a particular doctor's office, clinic, health center, or other place to which they would usually go when they needed to see a doctor?					
Yes	87.42	92.09	92.07	88.53	93.99
	[66.44, 96.06]	[87.03, 95.28]	[85.44, 95.83]	[75.25, 95.14]	[89.62, 96.59]
No *[SKIP TO Q24]*	11.43	7.00	6.41	9.95	3.25
	[3.25, 33.16]	[4.06, 11.79]	[3.03, 13.04]	[3.7, 24.11]	[1.47, 7.04]
More than one place	1.15	0.92	1.52	1.52	2.76
	[0.31, 4.24]	[0.27, 3.04]	[0.58, 3.93]	[0.67, 3.44]	[1.25, 5.97]

	Less than $50,000	$50,000 to $74,999	$75,000 to $99,999	$100,000 to $149,999	$150,000 or more
	Prop.	Prop.	Prop.	Prop.	Prop.
	95% CI	95% CI	95% CI	95% CI	95% CI
Q7: Which of the following best describes the place where your dependent family members would go when they need to see a doctor prior to your activation(s)?					
Doctor's office	94.91	86.51	96.51	93.88	93.04
	[87.50, 98.02]	[69.16, 94.83]	[93.10, 98.26]	[89.03, 96.67]	[88.65, 95.81]
Hospital clinic/ outpatient department	7.86	14.16	14.87	10.47	19.84
	[3.03, 18.86]	[8.13, 23.53]	[6.92, 29.09]	[6.22, 17.09]	[12.61, 29.79]
ER	5.44	17.39	5.25	7.10	15.96
	[1.69, 16.17]	[7.80, 34.40]	[2.27, 11.66]	[3.34, 14.49]	[9.09, 26.52]
Urgent care center	10.13	21.92	18.92	18.11	24.03
	[4.26, 22.19]	[11.28, 38.26]	[10.03, 32.84]	[9.88, 30.85]	[16.38, 33.82]
Q8: Prior to your activation(s), what was the specialty of your dependent family members' usual provider(s)?					
GP/family medicine	80.75	85.25	89.10	92.61	92.60
	[56.67, 93.08]	[69.94, 93.49]	[73.59, 95.99]	[88.57, 95.30]	[88.49, 95.32]
Internal medicine	3.73	20.63	17.73	10.47	17.18
	[0.93, 13.74]	[8.96, 40.71]	[7.91, 35.11]	[6.13, 17.32]	[10.45, 26.92]
Pediatrics	40.59	44.52	30.19	39.89	33.32
	[18.53, 67.24]	[30.04, 59.99]	[18.74, 44.77]	[28.51, 52.48]	[25.89, 41.70]
OB/GYN	7.21	26.98	13.81	38.67	31.38
	[2.91, 16.73]	[15.03, 43.57]	[8.51, 21.63]	[27.40, 51.30]	[24.11, 39.70]
Other specialist[a]	1.74	7.70	8.77	1.90	6.86
	[0.48, 6.07]	[1.75, 28.07]	[2.60, 25.72]	[0.92, 3.89]	[2.23, 19.25]

Health Care While Activated

Q9: If any of your dependent family members had health care coverage through a non TRICARE plan prior to any of your activations lasting more than 30 days, did any of them remain on that health care coverage plan while you were activated?

Yes	17.57	35.38	45.10	54.52	60.83
	[9.14, 31.12]	[23.21, 49.79]	[31.85, 59.09]	[42.54, 65.99]	[50.87, 69.96]
No *[SKIP TO Q12]*	82.43	64.62	54.90	45.48	39.17
	[68.88, 90.86]	[50.21, 76.79]	[40.91, 68.15]	[34.01, 57.46]	[30.04, 49.13]

Q10: If yes, why did any of your dependent family members remain on their non-TRICARE plan(s) while you were activated?

Employer paid	22.68	36.17	41.86	37.15	35.30
	[9.60, 44.77]	[19.95, 56.31]	[22.64, 63.92]	[22.48, 54.64]	[24.32, 48.08]
Could not terminate prior coverage	56.76	51.34	15.64	43.34	32.75
	[34.36, 76.69]	[31.17, 71.08]	[8.13, 28.00]	[26.8, 61.51]	[23.71, 43.29]
Member paid because they preferred it	20.56	12.49	42.49	19.51	31.95
	[8.10, 43.18]	[4.93, 28.19]	[21.84, 66.15]	[12.42, 29.30]	[21.14, 45.13]

Q11: For which of the following reasons did you prefer to keep your family's non-TRICARE health care coverage active while you were activated?

Usual doctor declined TRICARE	81.84	35.73	87.06	62.38	79.08
	[32.29, 97.71]	[9.76, 74.07]	[66.38, 95.82]	[45.23, 76.9]	[59.16, 90.8]
Travel to provider too long with TRICARE	28.30	13.44	16.91	15.31	41.75
	[4.24, 77.86]	[2.15, 52.26]	[4.1, 49.19]	[7.35, 29.19]	[19.16, 68.42]
Doctor declined new TRICARE patients	27.21	0.00	4.15	6.88	1.01
	[3.81, 77.92]		[0.8, 18.77]	[2.05, 20.67]	[0.13, 7.27]
Disliked TRICARE providers	33.24	8.30	20.78	6.84	6.98
	[6.23, 78.86]	[1.08, 42.74]	[5.77, 52.89]	[2.72, 16.13]	[3.02, 15.32]
Wait for appointments too long	28.30	1.79	14.38	8.98	12.06
	[4.24, 77.86]	[0.21, 13.9]	[4.54, 37.21]	[3.39, 21.7]	[4.9, 26.75]
Could not find information	1.09	0.00	3.18	11.75	8.74
	[0.12, 9]		[0.48, 18.19]	[4.27, 28.44]	[2.22, 28.73]
Switching was too great a burden[a]	6.03	20.03	7.18	29.20	12.40
	[0.7, 37.02]	[4.24, 58.63]	[1.8, 24.56]	[15.87, 47.42]	[4.32, 30.77]

Q12: When your dependent family members gained premium-free TRICARE coverage, which TRICARE option did they participate in?

TRICARE Standard/Extra	5.09	15.35	12.19	22.66	18.20
	[2.34, 10.74]	[8.97, 25.03]	[7.71, 18.75]	[14.16, 34.24]	[13.3, 24.4]
TRICARE Prime	30.34	26.41	27.09	25.90	22.77
	[14.4, 53]	[17.34, 38.04]	[17.31, 39.74]	[18.51, 34.99]	[16.83, 30.05]
TRICARE Prime Remote (TPRADFM)	38.67	36.45	21.17	18.48	10.67
	[17.19, 65.69]	[21.47, 54.62]	[11.03, 36.78]	[9.35, 33.23]	[5.1, 21]
Do not know	21.53	11.11	7.70	13.59	16.69
	[6.16, 53.44]	[4.3, 25.8]	[4.23, 13.63]	[6.77, 25.42]	[9.02, 28.81]
I did not participate in TRICARE *[SKIP TO Q24]*	4.37	10.68	31.85	19.37	31.67
	[1.77, 10.35]	[5.39, 20.08]	[19.39, 47.59]	[11.55, 30.64]	[23.53, 41.12]

Q13: During any of your activations lasting more than 30 days, did any of your dependent family members miss any key appointments or delay getting medical care, tests, treatments, or prescriptions because a particular provider did not accept TRICARE beneficiaries?

Yes	9.96	15.30	16.52	5.96	11.41
	[4.4, 21.01]	[6.71, 31.23]	[6.94, 34.43]	[3.69, 9.51]	[6.72, 18.72]
No *[SKIP TO Q15]*	78.99	76.25	75.13	83.82	73.82
	[62.31, 89.53]	[60.98, 86.84]	[59.48, 86.14]	[75.79, 89.55]	[61.14, 83.49]
I don't know *[SKIP TO Q15]*	11.04	8.44	8.36	10.22	14.77
	[4.68, 23.9]	[4, 16.94]	[4.89, 13.91]	[5.66, 17.76]	[6.82, 29.07]

	Less than $50,000	$50,000 to $74,999	$75,000 to $99,999	$100,000 to $149,999	$150,000 or more
	Prop.	Prop.	Prop.	Prop.	Prop.
	95% CI	95% CI	95% CI	95% CI	95% CI
Q15: During any of your activations lasting more than 30 days, did any of your dependent family members' usual doctors refuse to give them an appointment or refuse to see them because their office practice, clinic, health center, or other place did not accept TRICARE beneficiaries?					
No	74.10	59.34	73.91	71.08	61.16
	[52.8, 87.98]	[41.85, 74.74]	[63.08, 82.44]	[57.63, 81.62]	[48.12, 72.77]
Yes *[SKIP TO Q19]*	9.23	21.87	13.93	16.05	19.48
	[3.93, 20.16]	[11.49, 37.64]	[8.27, 22.51]	[7.89, 29.89]	[10.81, 32.56]
I don't know *[SKIP TO Q19]*	16.67	18.79	12.16	12.87	19.37
	[6.19, 37.75]	[7.51, 39.75]	[7.57, 18.99]	[7.03, 22.4]	[10.66, 32.59]
Q16: How many providers refused to give appointments or see your dependent family members because their office practice, clinic, health center, or other facility did not accept TRICARE beneficiaries?					
1	35.32	51.67	56.42	60.38	57.64
	[12.26, 68.09]	[21.52, 80.65]	[34.39, 76.17]	[29.47, 84.76]	[28.54, 82.26]
2	39.19	33.03	36.59	34.15	29.64
	[14.15, 71.59]	[7.91, 73.90]	[19.13, 58.47]	[13.29, 63.71]	[11.24, 58.36]
3	0.76	3.61	5.20	3.69	10.41
	[0.09, 5.87]	[0.72, 16.09]	[1.71, 14.78]	[0.85, 14.64]	[3.32, 28.21]
4	0.00	11.70	0.44	0.00	1.48
		[2.29, 42.88]	[0.06, 3.28]		[0.19, 10.81]
5 or more	24.73	0.00	1.35	1.78	0.82
	[3.91, 72.62]		[0.29, 6.07]	[0.49, 6.20]	[0.10, 6.27]
Q17: Select the specialty of each provider that refused to give appointments or see your dependent family members because their office practice, clinic, health center, or other facility did not accept TRICARE beneficiaries.					
GP/ family medicine	75.76	39.04	65.73	77.43	76.34
	[42.85, 92.87]	[15.82, 68.58]	[43.62, 82.62]	[52.82, 91.32]	[53.25, 90.13]
Internal medicine	35.19	11.72	4.42	7.93	19.19
	[9.33, 74.12]	[2.30, 42.82]	[1.18, 15.15]	[2.64, 21.51]	[6.05, 46.70]
Pediatrics	31.32	20.29	18.20	16.62	21.85
	[10.07, 65.01]	[6.76, 47.22]	[7.42, 38.19]	[6.18, 37.63]	[8.17, 46.78]
OB/GYN	10.83	9.71	6.42	14.15	32.72
	[1.63, 47.12]	[3.36, 24.93]	[2.40, 16.05]	[4.85, 34.75]	[13.59, 60.06]
Don't know	0.00	0.19	9.47	10.64	3.81
		[0.02, 1.53]	[2.83, 27.33]	[3.42, 28.63]	[1.06, 12.79]
Other specialist[a]	12.31	39.44	13.48	10.33	8.10
	[2.21, 46.58]	[12.10, 75.51]	[4.73, 32.84]	[3.53, 26.62]	[2.51, 23.14]
Q18: Why did your dependent family members NOT continue to get care in the same doctor's office, clinic, health center, or other facility that they went to prior to gaining premium-free TRICARE?					
Did not accept new TRICARE patients	21.29	20.25	28.16	5.43	61.92
	[5.39, 56.22]	[6.59, 47.75]	[13.40, 49.84]	[1.80, 15.22]	[34.51, 83.39]
Did not accept TRICARE	69.83	58.78	71.95	89.25	53.60
	[36.78, 90.20]	[24.49, 86.25]	[50.31, 86.66]	[72.54, 96.31]	[22.79, 81.89]
Did not like provider	24.73	0.00	0.00	1.11	6.11
	[3.91, 72.61]			[0.25, 4.85]	[0.89, 31.93]
Wait for appointments too long	0.79	2.29	9.67	5.76	8.68
	[0.17, 3.68]	[0.45, 10.82]	[2.95, 27.35]	[1.60, 18.73]	[2.00, 30.73]
TRICARE would not pay	65.72	48.48	36.16	9.16	18.70
	[32.83, 88.26]	[19.51, 78.51]	[18.98, 57.80]	[3.36, 22.59]	[7.37, 39.94]
Could not afford care	0.00	8.95	4.86	3.15	3.04
		[1.19, 44.50]	[0.76, 25.32]	[0.62, 14.61]	[0.39, 20.15]

	Less than $50,000	$50,000 to $74,999	$75,000 to $99,999	$100,000 to $149,999	$150,000 or more
	Prop.	Prop.	Prop.	Prop.	Prop.
	95% CI	95% CI	95% CI	95% CI	95% CI
Q19: During any of your activations when your dependent family members were covered by premium-free TRICARE, was there a particular doctor's office, clinic, health center, or other facility that they would usually go if they were sick or needed advice about their health?					
Yes	56.42	69.98	79.24	80.02	70.51
	[30.21, 79.48]	[52.7, 82.99]	[68.32, 87.11]	[72.00, 86.19]	[57.99, 80.56]
No	43.58	30.02	20.76	19.98	29.49
	[20.52, 69.79]	[17.01, 47.3]	[12.89, 31.68]	[13.81, 28.00]	[19.44, 42.01]
Q20: Which of the following best describes the place where your dependent family members went, if they were sick or needed advice about their health during any of your activations when your dependent family members were covered by premium-free TRICARE?					
Doctor's office	87.56	84.35	96.49	95.22	80.38
	[66.86, 96.08]	[70.43, 92.43]	[92.91, 98.30]	[91.41, 97.39]	[69.30, 88.15]
Hospital clinic/ outpatient department	23.19	42.49	11.67	15.37	15.81
	[8.98, 48.04]	[23.48, 64.02]	[6.62, 19.75]	[8.68, 25.78]	[9.52, 25.10]
ER	42.82	16.87	11.65	8.32	6.28
	[15.12, 75.90]	[4.02, 49.59]	[5.62, 22.60]	[3.01, 20.95]	[3.00, 12.70]
Urgent care center	40.62	33.85	12.09	9.81	25.58
	[13.53, 74.94]	[16.70, 56.64]	[6.83, 20.52]	[6.06, 15.51]	[14.02, 42.03]
Do not know	0.61	13.90	0.45	0.49	0.80
	[0.08, 4.66]	[2.39, 51.55]	[0.07, 2.80]	[0.13, 1.86]	[0.27, 2.38]
Q21: During any of your activations when your dependent family members were covered by premium-free TRICARE, what was the specialty of the provider that your dependent family members usually went to if they were sick or needed advice about their health?					
GP/family medicine	86.51	81.18	73.29	82.19	66.96
	[74.42, 93.39]	[66.32, 90.43]	[57.07, 85.00]	[73.00, 88.73]	[54.77, 77.23]
Internal medicine	6.67	21.98	16.28	8.29	15.99
	[2.17, 18.76]	[9.80, 42.22]	[6.54, 35.08]	[4.50, 14.78]	[7.97, 29.49]
Pediatrics	28.95	39.68	28.37	25.69	29.42
	[10.82, 57.78]	[24.47, 57.20]	[16.66, 43.96]	[17.84, 35.52]	[21.45, 38.89]
OB/GYN	12.30	33.83	10.35	21.85	22.26
	[5.50, 25.23]	[18.47, 53.57]	[6.38, 16.36]	[14.81, 31.02]	[15.64, 30.65]
Do not know	7.51	13.70	8.87	9.27	19.36
	[3.05, 17.31]	[3.95, 37.96]	[4.42, 16.98]	[4.35, 18.66]	[10.54, 32.86]

	Less than $50,000	$50,000 to $74,999	$75,000 to $99,999	$100,000 to $149,999	$150,000 or more
	Prop.	Prop.	Prop.	Prop.	Prop.
	95% CI	95% CI	95% CI	95% CI	95% CI
Q22: While covered by premium-free TRICARE during any of your activations, did you or any dependent family member experience any of the following challenges?					
Negative financial impact	22.60	16.42	6.94	5.93	18.13
	[6.41, 55.45]	[7.47, 32.34]	[3.87, 12.13]	[3.58, 9.64]	[9.60, 31.60]
Difficulty getting claims processed	10.74	28.49	21.13	24.30	21.31
	[4.88, 22.00]	[15.76, 45.90]	[13.72, 31.10]	[14.69, 37.44]	[14.71, 29.83]
Not able to continue with provider	13.60	29.20	15.70	19.07	16.12
	[6.54, 26.17]	[16.41, 46.42]	[9.67, 24.46]	[10.06, 33.17]	[10.74, 23.48]
Lack of emergency care	15.38	0.53	0.54	0.09	1.31
	[2.42, 57.12]	[0.11, 2.41]	[0.15, 1.95]	[0.02, 0.36]	[0.35, 4.74]
Lack of primary care within 50 miles	6.57	8.24	4.80	14.72	6.50
	[2.02, 19.33]	[3.49, 18.23]	[2.51, 8.99]	[5.10, 35.64]	[3.51, 11.72]
Lack of specialty care within 50 miles	1.25	5.44	3.31	8.54	4.68
	[0.25, 5.87]	[1.89, 14.66]	[1.11, 9.47]	[2.28, 27.19]	[2.34, 9.15]
Lack of medications	3.63	10.87	2.69	3.04	9.39
	[0.90, 13.44]	[3.55, 28.8]	[1.24, 5.77]	[1.50, 6.05]	[2.98, 25.90]
Lack of access to medical devices	0.04	0.63	0.36	0.38	0.16
	[0.00, 0.28]	[0.11, 3.64]	[0.05, 2.55]	[0.06, 2.41]	[0.02, 1.12]
Negative impact on medical readiness	5.27	1.47	5.13	2.08	6.02
	[1.73, 14.99]	[0.51, 4.18]	[2.68, 9.60]	[0.96, 4.47]	[2.65, 13.11]
No challenges	64.13	51.36	55.53	52.31	56.87
	[37.30, 84.31]	[35.11, 67.32]	[40.71, 69.42]	[38.91, 65.38]	[45.08, 67.93]
Q24: Which of the following options do you most prefer?					
Continue TRS	57.26	83.12	72.27	69.67	67.28
	[29.63, 81.00]	[74.15, 89.42]	[61.94, 80.68]	[52.76, 82.53]	[59.31, 74.36]
Cash allowance	37.84	7.29	14.34	8.82	16.84
	[14.46, 68.67]	[3.64, 14.05]	[8.59, 22.96]	[5.12, 14.77]	[12.16, 22.86]
Program like FEHB	4.90	9.60	13.39	21.51	15.88
	[2.06, 11.21]	[5.41, 16.47]	[7.56, 22.62]	[9.86, 40.71]	[11.2, 22.04]

	Less than $50,000	$50,000 to $74,999	$75,000 to $99,999	$100,000 to $149,999	$150,000 or more
	Prop.	Prop.	Prop.	Prop.	Prop.
	95% CI	95% CI	95% CI	95% CI	95% CI
Demographics					
Q25: In what year were you born?[b]					
18-24	7.56	1.37	1.61	0.22	0.00
	[3.34, 16.24]	[0.20, 8.7]	[0.23, 10.51]	[0.04, 1.32]	
25-34	27.63	23.86	20.82	17.25	5.81
	[12.82, 49.79]	[14.03, 37.56]	[13.10, 31.45]	[6.51, 38.44]	[3.62, 9.19]
35-44	46.38	48.35	33.16	43.17	30.84
	[21.51, 73.18]	[33.61, 63.38]	[23.16, 44.94]	[28.12, 59.60]	[24.14, 38.45]
45+	18.43	26.42	44.42	39.36	63.36
	[7.79, 37.68]	[17.42, 37.93]	[34.09, 55.25]	[26.58, 53.77]	[55.11, 70.89]
Q26: What is your gender?					
Male	87.72	80.77	84.69	80.68	86.45
	[78.01, 93.50]	[71.46, 87.57]	[76.10, 90.58]	[68.72, 88.81]	[81.85, 90.02]
Female	12.28	19.23	15.31	19.32	13.55
	[6.50, 21.99]	[12.43, 28.54]	[9.42, 23.9]	[11.19, 31.28]	[9.98, 18.15]
Q27: What is your current marital status?					
Never married	19.44	14.62	1.37	1.71	0.52
	[9.31, 36.20]	[3.64, 43.71]	[0.49, 3.78]	[0.72, 4.00]	[0.21, 1.30]
Married	32.04	70.35	82.80	95.47	96.98
	[16.23, 53.42]	[50.46, 84.68]	[70.26, 90.75]	[92.70, 97.22]	[93.55, 98.61]
Divorced	47.63	15.03	15.51	2.79	2.46
	[23.76, 72.64]	[7.75, 27.13]	[7.79, 28.50]	[1.71, 4.50]	[0.97, 6.09]
Widowed	0.89	0.00	0.32	0.03	0.04
	[0.14, 5.50]		[0.04, 2.23]	[0.01, 0.15]	[0.01, 0.31]
Q28: Do you have any dependent family members in the Exceptional Family Member Program (EFMP)?					
Yes	2.93	4.29	7.30	2.37	2.82
	[0.81, 10.01]	[1.86, 9.57]	[3.30, 15.4]	[1.46, 3.84]	[1.73, 4.57]
No	94.23	94.49	92.32	96.70	96.14
	[83.77, 98.10]	[88.94, 97.33]	[84.36, 96.4]	[94.63, 97.99]	[93.98, 97.54]
N/A	2.85	1.23	0.38	0.92	1.04
	[0.51, 14.25]	[0.32, 4.62]	[0.13, 1.11]	[0.32, 2.64]	[0.39, 2.73]
Rank					
JR enlisted	67.70	20.29	8.38	13.59	1.58
	[47.14, 83.13]	[10.80, 34.86]	[2.79, 22.54]	[3.98, 37.39]	[0.80, 3.09]
SR enlisted	30.15	70.67	71.68	54.60	35.89
	[15.54, 50.30]	[56.92, 81.46]	[61.29, 80.18]	[39.49, 68.91]	[25.55, 47.75]
JR officer	1.73	5.37	9.93	10.75	17.41
	[0.90, 3.30]	[2.72, 10.32]	[5.72, 16.69]	[7.45, 15.27]	[12.88, 23.10]
SR officer	0.31	2.11	6.55	18.34	41.78
	[0.14, 0.69]	[1.36, 3.24]	[4.88, 8.73]	[13.01, 25.23]	[34.01, 49.99]
Warrant Officer	0.11	1.57	3.46	2.71	3.33
	[0.05, 0.25]	[0.81, 3.01]	[2.30, 5.19]	[1.77, 4.13]	[2.12, 5.22]

Source:

[a.] Answer was coded from free text responses to this question.

[b.] Age groups are defined using reported birth year.