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- **Presenter Tips:**
  - Review the briefing with notes before your presentation.
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  - Launch the briefing in “slide show” setting.
- **TRICARE Resources:** Visit [www.tricare.mil/publications](http://www.tricare.mil/publications) to view, download, and print copies of TRICARE educational materials. Suggested resources include: *TRICARE Choices in the United States Handbook*, *TRICARE Choices for National Guard and Reserve Handbook*, *Costs and Fees Fact Sheet*, *TRICARE Plans Overview*, and *Qualifying Life Events Fact Sheet*.
- **Estimated Briefing Time:** 45 minutes
- **Target Audience:** TRICARE beneficiaries in the U.S. who are new to TRICARE
- **Briefing Objectives:**
  - Increase understanding of the TRICARE benefit in the U.S.
  - Inform beneficiaries of TRICARE plans in the U.S.

- **Optional Presenter Comments:** This is the *Welcome to TRICARE* briefing. The goal of today's presentation is to help you understand your TRICARE benefit. We'll go over eligibility and the TRICARE plans you and your family may use. Contact information is included at the end of this presentation.

## Today's AGENDA



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

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

## **Today's AGENDA**

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

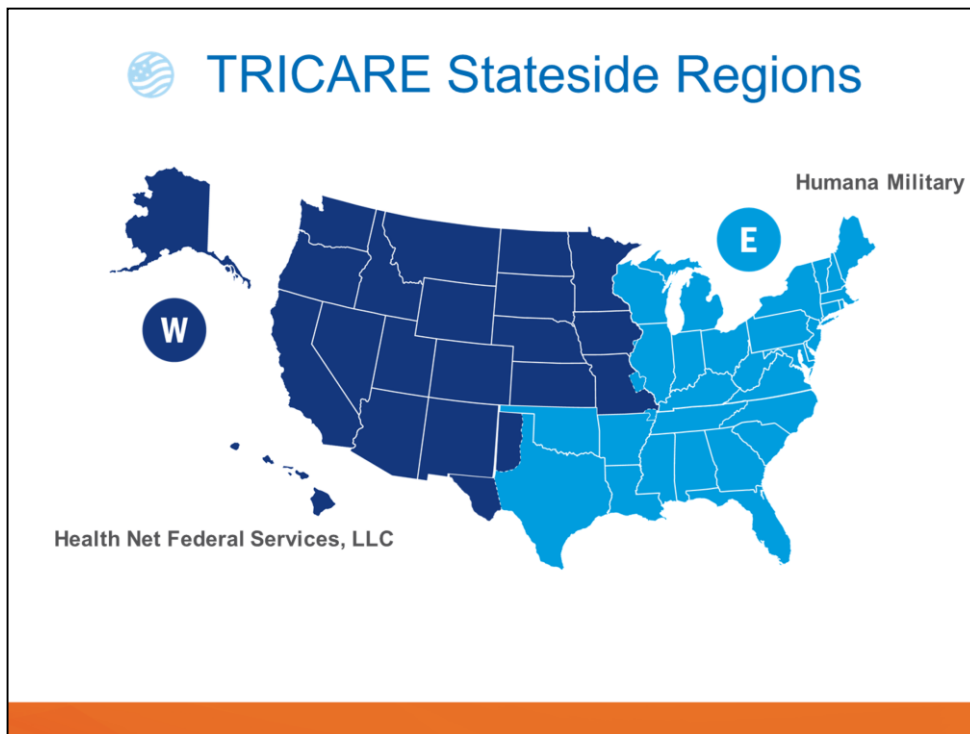
- **Optional Presenter Comment:** First, we'll discuss what TRICARE is.

# What Is TRICARE?



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

- TRICARE is the uniformed services health care program for active duty service members, or ADSMs, active duty family members, or ADFMs, National Guard and Reserve members and their family members, retirees and retiree family members, survivors, and certain former spouses worldwide.
- **Note:** Throughout this presentation, the term “family members” refers to dependents of service members who are eligible TRICARE beneficiaries.
- TRICARE brings together the health care resources of the Military Health System—such as military hospitals and clinics—with a network of civilian health care professionals, institutions, pharmacies, and suppliers to foster, protect, sustain, and restore health for those entrusted to their care.



- TRICARE is available worldwide and managed regionally. There are two TRICARE regions in the United States—TRICARE East and TRICARE West—and one overseas region with three areas—TRICARE Eurasia-Africa, TRICARE Latin America and Canada, and TRICARE Pacific. Benefits are the same regardless of where you live, but there are different customer service contacts for each region.
- Health Net Federal Services, LLC administers the benefit in the West Region and Humana Military administers the benefit in the East Region. Both regional contractors partner with the Military Health System to provide health, medical, and administrative support including customer service, claims processing, and pre-authorizations for certain health care services.
- Contact information for each region will be provided at the end of this presentation.
- Each regional contractor has a website and call center to help with your questions.
- Another contractor (International SOS, Inc.) administers TRICARE overseas and in U.S. territories.
- And separate contractors administer dental and pharmacy benefits.

## Health Benefit Terms

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

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

## Health Benefit Terms (continued)

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

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



## **Today's AGENDA**

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

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

## Those Eligible for TRICARE

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



Visit **[www.tricare.mil/eligibility](http://www.tricare.mil/eligibility)** to learn more about eligibility and enrollment.

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

## Keep DEERS Information Up To Date



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



Go to an **ID card office**. Search at <https://idco.dmdc.osd.mil/idco>.

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



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



Call **1-800-538-9552**.



Fax **1-800-336-4416**.

- The Defense Enrollment Eligibility Reporting System, or DEERS, is a database of service members and dependents worldwide who are eligible for military benefits, including TRICARE.
- Your TRICARE eligibility shows up in DEERS based on the sponsor's status. To maintain your eligibility, you must update DEERS after any QLE. If you don't, you may miss important information and enrollment deadlines. This could mean you lose access to care. A QLE includes getting married or divorced, moving, giving birth, adopting a child, or retiring. Visit [www.tricare.mil/lifeevents](http://www.tricare.mil/lifeevents) for more information.
- Register in DEERS through the milConnect website at <https://milconnect.dmdc.osd.mil>. The milConnect website is the Defense Manpower Data Center's online portal that provides access to DEERS information.
  - Information can also be updated by phone, fax, or by visiting a Uniformed Services ID card-issuing facility.
- When making changes, proper documentation, such as a marriage certificate, divorce decree, birth certificate, or adoption papers, is required.
- **Note:** Only sponsors or sponsor-appointed individuals with valid power of attorney can add a family member. Family members age 18 and older may update their own contact information.
- Remember, providers are legally permitted to copy military and dependent ID cards to verify TRICARE eligibility.
- For more information, visit [www.tricare.mil/deers](http://www.tricare.mil/deers).

## **Today's AGENDA**

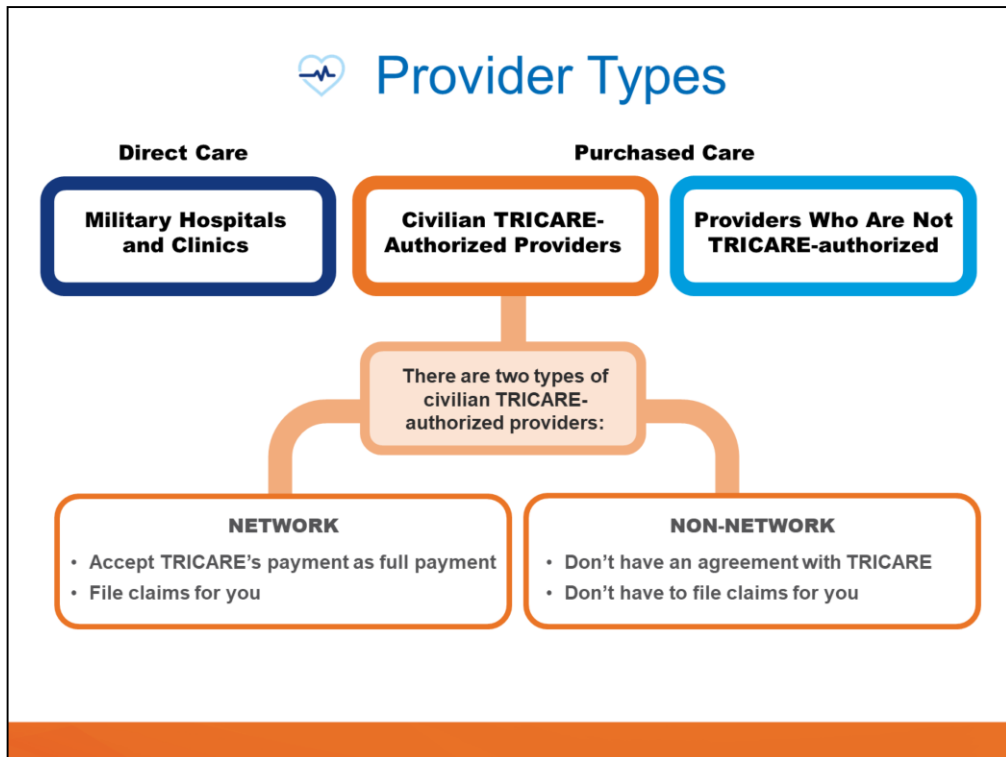
- What is TRICARE?
- Am I Eligible?
- **What Are My Options?**
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- **Optional Presenter Comment:** We'll now discuss TRICARE plans.

# TRICARE Health Plans

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

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



- Military hospitals and clinics provide medical and dental care.
- Civilian providers must be authorized by TRICARE and certified by the regional contractors to give you care.
- There are two types of civilian TRICARE-authorized providers: network and non-network.
  - Network providers have agreed to accept the contracted rate as payment in full for covered health care services and files claims for you. You can save money by seeing network providers.
  - Non-network providers don't have an agreement with TRICARE and you may have to file your own claims. There are two types of non-network providers: participating and nonparticipating.
    - Participating: Accept TRICARE's payment as the full payment for any covered health care services you get and file claims for you on a case-by-case basis.
    - Nonparticipating: Don't accept TRICARE's payment as the full payment for covered health care services or file claims for you. They may charge up to 15% above the TRICARE-allowable charge.
- If you see a provider that isn't TRICARE-authorized, you'll pay the full cost for your care.
- Visit **[www.tricare.mil/findaprovider](http://www.tricare.mil/findaprovider)** to find a military hospital or clinic or a TRICARE-authorized provider.

## TRICARE Prime®

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



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

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



### TRICARE Prime (continued)

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

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

## TRICARE Prime Remote

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



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

# US Family Health Plan (USFHP)

## USFHP Service Areas



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

- The US Family Health Plan, or USFHP, is a TRICARE Prime option available through separate health care systems in six areas of the U.S. If you're in USFHP, you may not get care at military hospitals or clinics or use military pharmacies.
- Enrollment is required. Enrollment costs are the same as for TRICARE Prime.
- You aren't eligible to enroll in USFHP if you are:
  - An ADSM
  - A National Guard and Reserve member or family member
  - Medicare-eligible and age 65 and older
- You'll get care from a primary care provider in the health care system where you're enrolled. Your primary care provider will refer you for specialty care.
- If you disenroll from USFHP or move out of one of the USFHP service areas, you regain eligibility for other TRICARE programs.
- To find out if you are in a USFHP area or to enroll in USFHP, visit **[www.usfhp.com](http://www.usfhp.com)**.

## TRICARE Select®

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

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

## Program Comparisons

| TRICARE Prime   | TRICARE Select  |
|---|---|
| A health maintenance organization (HMO)-style plan                                  | A preferred-provider plan (PPO)-style plan  |
| Get most of your care from a PCM  | Choose your provider  |
| Referrals required for specialty care   | Referrals not needed for most services  |
| Pre-authorization needed for some services  | Pre-authorization needed for some services  |
| Receive care from an established network of doctors and other health care providers | Receive care from any provider, but pay higher out-of-pocket costs when you receive care outside the established network of providers |
| No deductible applies. Copayments apply for all beneficiaries except ADSM           | Deductible/copayments/cost shares apply   |

- This slide provides an overview of the differences between TRICARE Prime and TRICARE Select. It can help you pick the program that is right for you.

## TRICARE Young Adult

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



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

## TRICARE Reserve Select® and TRICARE Retired Reserve®

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

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

## Priority for Access to Military Hospitals and Clinics

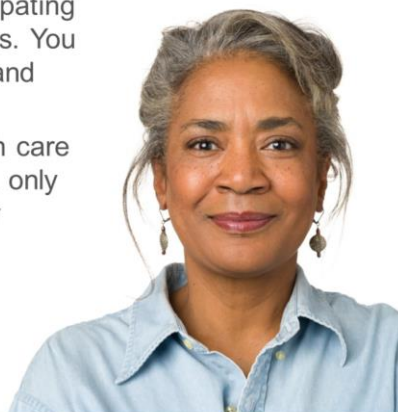
|   |  |
|---|--|
| 1 | ADSMs  |
| 2 | ADFMs in TRICARE Prime   |
| 3 | Retired service members, their family members, and all others in TRICARE Prime and TRICARE Plus (primary care)                   |
| 4 | ADFMs not enrolled in TRICARE Prime and TRS members  |
| 5 | Retired service members, their family members, TRR members and all others not in TRICARE Prime and TRICARE Plus (specialty care) |

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



## TRICARE For Life

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



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



## Pharmacy Options

### Military Pharmacy



- Usually inside military hospitals and clinics
- Get up to a 90-day supply

### TRICARE Pharmacy Home Delivery



- Must use this option for some drugs
- Get up to a 90-day supply

### TRICARE Retail Network Pharmacy



- Fill prescriptions without submitting a claim
- Get up to a 30-day supply

### Non-Network Pharmacy



- Pay full price up front and file a claim to get a portion of your money back
- Get up to a 30-day supply

- TRICARE offers prescription drug coverage and many options for filling your prescriptions. Your options depend on the type of drug your provider prescribes. The TRICARE pharmacy benefit is administered by Express Scripts. To learn more, visit <https://militaryrx.express-scripts.com> or call **1-877-363-1303**.
- You have the same pharmacy coverage with any TRICARE plan. However, if you have USFHP, you have separate pharmacy coverage.
- To fill a prescription, you need a prescription and a valid Uniformed Services ID card or Common Access Card.
- This slide shows the options that may be available for filling your prescriptions:
  - Military pharmacies are usually inside military hospitals and clinics. Call your local military pharmacy to check if your prescription drug is available. Visit [www.tricare.mil/militarypharmacy](http://www.tricare.mil/militarypharmacy) for more information.
  - The TRICARE Pharmacy Home Delivery option must be used for some prescription drugs. You'll pay one copayment for up to a 90-day supply. For more information on switching to home delivery, visit <https://militaryrx.express-scripts.com/home-delivery> or call **1-877-363-1303**.
  - You may fill prescriptions at TRICARE retail network pharmacies without having to submit a claim. You'll pay one copayment for up to a 30-day supply. Visit <https://militaryrx.express-scripts.com/find-pharmacy> to find a TRICARE retail network pharmacy.
  - At non-network pharmacies, you pay the full price for your prescription drug up front, and file a claim to get a portion of your money back.
- Your pharmacy will most often fill your prescription with a generic drug. If you need a brand-name drug, your provider can send a request to Express Scripts.
- For more information and costs, visit [www.tricare.mil/pharmacy](http://www.tricare.mil/pharmacy).



## Dental Program Options

- Military Dental Clinics (**ADSMs only**)
- Active Duty Dental Program (**ADSMs only**)
- TRICARE Dental Program (TDP)
- Federal Employees Dental and Vision Insurance Program (FEDVIP)

**Note:** Enrollment needed for the TDP and FEDVIP



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



## Vision Options

### Federal Employees Dental and Vision Insurance Program (FEDVIP)

- Retirees, their eligible family members, and active duty family members enrolled in a TRICARE health plan may qualify to purchase vision coverage through FEDVIP.
- Eligible beneficiaries include those enrolled in or using:
  - TRICARE Prime, including USFHP
  - TRICARE Select
  - TRS
  - TRR
  - TFL

Visit **[www.benefeds.com](http://www.benefeds.com)** for eligibility, plan, and enrollment information.

- Retirees, their eligible family members, and active duty family members enrolled in a TRICARE health plan may qualify to purchase vision coverage through FEDVIP.
- Eligible beneficiaries include those enrolled in or using:
  - TRICARE Prime, including the US Family Health Plan
  - TRICARE Select
  - TRS
  - TRR
  - TFL
- Visit **[www.benefeds.com](http://www.benefeds.com)** for eligibility, carrier, and enrollment information.

## Today's AGENDA

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

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

## Transitional Coverage



- Transitional Assistance Management Program (TAMP)
- Continued Health Care Benefit Program (CHCBP)

- If you're separating from active duty or from the uniformed services, you may be able to continue health care coverage.
- If eligible, you may get care under two transitional health care options:
  - The Transitional Assistance Management Program, or TAMP, provides 180 days of transitional health care benefits to help certain service members and their family members transition to civilian life. For more information, visit [www.tricare.mil/tamp](http://www.tricare.mil/tamp).
  - The Continued Health Care Benefit Program, or CHCBP, is a premium-based health care program administered by Humana Military. CHCBP offers continued health coverage for 18 to 36 months (or longer for certain former spouses) after TRICARE or TAMP coverage ends.
    - If you qualify, you can buy CHCBP coverage within 60 days of loss of coverage.
    - For more information, visit [www.tricare.mil/chcbp](http://www.tricare.mil/chcbp).
- **Note:** If you're in CHCBP, you may not get care at military hospitals or clinics.

## TRICARE Self-Service Options Online

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

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

# The Affordable Care Act

**TRICARE meets the minimum essential coverage requirement under the Affordable Care Act.**



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



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

- Most TRICARE plans meet the Affordable Care Act requirement for minimum essential coverage.
- Each tax year, you'll get an Internal Revenue Service, or IRS, Form 1095 from your pay center. It will list your TRICARE coverage status for each month. If your military pay is administered by the Defense Finance and Accounting Service, or DFAS, you can opt in to get your tax forms electronically through your DFAS myPay account. For more information, visit <https://mypay.dfas.mil>.
- For more information about the IRS tax forms, visit [www.irs.gov](http://www.irs.gov).
- For more information about the Affordable Care Act, visit [www.tricare.mil/aca](http://www.tricare.mil/aca).



## **Today's AGENDA**

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

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

Looking for **More Information?**
GO TO **www.tricare.mil**

**Stateside Regional Contractors**

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

**Overseas Regional Contractor**

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

**TRICARE For Life**

- In the U.S. and U.S. territories:  
Wisconsin Physicians Service—Military and Veterans Health  
**1-866-773-0404**  
**1-866-773-0405** (TDD/TTY)  
www.TRICARE4u.com
- Overseas outside of U.S. territories: contact the overseas regional contractor.

**More Resources**

- TRICARE Website  
www.tricare.mil



- Publications  
www.tricare.mil/publications
- milConnect  
https://milconnect.tricare.mil

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