TRICARE® Maternity and Newborn Care

Understanding Your Maternity and Newborn Care Coverage
Today’s AGENDA

• Maternity Care
• Getting Maternity Care
• Getting Coverage for Your Child
• Well-Child Care
• Other Important Information
• For Information and Assistance
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Who’s Covered?

• TRICARE-covered expectant mothers:
  – Active duty service members
  – Retired service members
  – National Guard and Reserve members
  – Family members
• Must be registered in the Defense Enrollment Eligibility Reporting System (DEERS)
• Must have a Uniformed Services ID card
Losing TRICARE Eligibility during Pregnancy

• You may lose TRICARE eligibility, including maternity coverage, if:
  – You separate from the military
  – Your sponsor separates
  – You divorce
  – You age out or otherwise lose eligibility as a dependent child
  – You’re disenrolled
  – You elect to not enroll in or purchase TRICARE coverage

• You may qualify for other coverage options.
What’s Covered?

• Medically necessary maternity care:
  – Obstetric visits
  – Fetal ultrasounds
  – Management of high-risk or complicated pregnancies
  – Hospitalization for labor, delivery, and postpartum care
  – Deliveries at TRICARE-certified/authorized birthing centers (stateside only)
  – Deliveries planned at home for low-risk pregnancies (Home births may not be covered overseas.)
  – Anesthesia
  – Cesarean sections
  – Breast pumps, breast pump supplies, and breastfeeding counseling

Note: TRICARE only covers midwife services provided by a certified nurse midwife (CNM). Learn more about covered services and criteria for CNMs at www.tricare.mil/coveredservices.
What Isn’t Covered?

• Services not covered by TRICARE:
  – Fetal ultrasounds that aren’t medically necessary
  – Services and supplies related to noncoital reproductive procedures
  – Management of uterine contractions with drugs that aren’t approved for that use
  – Home uterine-activity monitoring and related services
  – Private hospital rooms
  – Unproven procedures
  – Umbilical cord collection and storage
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Maternity Care Providers

• TRICARE covers maternity care provided by TRICARE-authorized providers. This includes but isn’t limited to:
  – Obstetricians/gynecologists
  – Certified nurse midwives (CNMs)
    – Note: Only certain providers are covered by TRICARE.
  – Family medicine physicians
  – General practitioners
  – Primary care managers
  – Certified labor doulas (stateside only)
• TRICARE does not cover:
  – Lay midwives
  – Certified professional midwives
  – Certified midwives
  – Certain non-medical support during labor and childbirth (for example, labor coaches)
TRICARE Prime®

- Primary care manager (PCM) access
- Priority access to care at military hospitals and clinics
- Referrals required
- Pre-authorization required
- No costs for ADSMs and ADFMs
- Minimal costs for retired service members and their families
Traveling With TRICARE Prime

- Routine care:
  - Get care before traveling.

- Urgent care:
  - Most TRICARE Prime enrollees don’t need a referral when seeking urgent care from any TRICARE-authorized urgent care center. There are special considerations for TRICARE overseas plans and the US Family Health Plan.
  - If you need advice or if you aren’t sure if you need care, use the Military Health System Nurse Advice Line at www.mhsnurseadviceline.com to chat with a registered nurse. In the U.S., you can also call 1-800-TRICARE (874-2273), Option 1.

- Emergency care:
  - Call 911 or go to the nearest emergency room.
  - Pre-authorization isn’t required.
  - Get a continued-stay authorization, if admitted.

- Extended trips:
  - Consider transferring enrollment.
TRICARE Select®

• See any TRICARE-authorized provider for maternity care.
  – A network provider costs you less out of pocket.
• Referrals aren’t required for most services.
• Pre-authorization is required for certain services.
• A deductible may apply if you deliver in an outpatient setting.
Switching TRICARE Health Plans

• ADSMs can’t disenroll from TRICARE Prime.
• All others can only enroll in or change to TRICARE Prime or TRICARE Select during:
  – The 90-day period following a Qualifying Life Event (QLE) (for example: marriage, birth of a child, or adoption of a child).
  Note: A QLE for one family member is a QLE for all eligible family members.
  – The TRICARE Open Season. The annual period beginning on the Monday of the second full week in November to the Monday of the second full week in December. Visit [www.tricare.mil/openseason](http://www.tricare.mil/openseason) for dates and more information.

Note: QLEs and open season don’t apply to TRICARE For Life or premium-based plans (TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE Young Adult, and the Continued Health Care Benefit Program). These plans offer continuous open enrollment.
TRICARE Overseas Program

TRICARE Prime Overseas:
- Get care from your primary care manager at a military hospital or clinic.

TRICARE Prime Remote Overseas:
- Coordinate care with your TOP Regional Call Center.

TRICARE Select Overseas:
- Seek care from almost any TRICARE-authorized civilian provider without a referral.
TRICARE Young Adult

- Your maternity care is covered, but newborn care isn’t covered.
- Follow the rules of the plan in which you’re enrolled:
  - TRICARE Young Adult Prime
  - TRICARE Young Adult Select
TRICARE Reserve Select® and TRICARE Retired Reserve®

- Premium-based TRICARE program options
- Qualified sponsors may purchase coverage for themselves or their family members or both
- Similar to TRICARE Select or TRICARE Select Overseas
Delivery Options

- Military hospital or clinic
- Civilian hospital
- TRICARE-certified/authorized birthing center
- Hospital-based outpatient birthing room
- Professional office birthing suite
- Planned home births
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• Biological and adopted children of:
  – Active duty service members
  – Retired service members (including Retired Reserve members)
  – National Guard and Reserve members
When Your New Child Is Born or Adopted Overseas

- Contact the nearest U.S. Embassy or Consulate.
- Get a Social Security number (SSN) for your child.
- Register your child in the Defense Enrollment Eligibility Reporting System (DEERS).
- Family members are automatically enrolled in TRICARE Select Overseas.
- Children of retirees must elect to enroll within 120 days of birth.
Register Your New Child in DEERS

- Register your child in DEERS right away.

- To register, you must first:
  - Apply for your child’s SSN.
  - Go to the nearest Uniformed Services ID card office with the proper documentation.

- Choose a TRICARE program and enroll your child, if necessary.
TRICARE Prime and TRICARE Select Coverage

- You **must** register your newborn, newly adopted, or court-appointed child in DEERS within 90 days, or 120 days if overseas.

- Stateside children of ADSMs are automatically enrolled in TRICARE Prime as long as:
  - They’re registered in DEERS.
  - They live in a stateside Prime Service Area (PSA).

- Overseas children of ADSMs are automatically enrolled in TRICARE Select Overseas as long as they’re registered in DEERS.
  - You may only enroll your child in TRICARE Prime Overseas or TRICARE Prime Remote Overseas if they’re command-sponsored.

- Children of retirees (stateside and overseas) must enroll their child in a TRICARE plan.
• The parent may change the child’s TRICARE Prime or TRICARE Select enrollment to another eligible TRICARE plan within 90 days of the birth, adoption, or court appointment.
  – After 90 days, you must wait until another QLE or for TRICARE Open Season to change your child’s TRICARE coverage.
• If your child isn’t enrolled in DEERS by day 90, or day 120 if overseas, they’ll only be eligible to receive care at a military hospital or clinic, if space is available.
TRICARE Reserve Select and TRICARE Retired Reserve Coverage

• To ensure TRS or TRR coverage for your child, you must:
  – Register your child in DEERS.
  – Submit the *Reserve Component Health Coverage Request* form *(DD Form 2896-1)* to your TRICARE contractor within 90 days, or 120 days, if overseas.

• You may be required to pay for care up front.

• You must purchase TRS or TRR for your child to be covered.
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What’s Covered?

- Circumcision
- Routine newborn care
- Health-promotion and disease-prevention exams
- Vision and hearing screenings
- Height, weight, and head circumference measurements
- Routine vaccines
- Developmental and behavioral appraisals

**Note**: In certain circumstances, prescribed banked donor milk from accredited milk banks may be covered.
Dental Options

• TRICARE Dental Program (TDP)
• Federal Employees Dental and Vision Insurance Program (FEDVIP)
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Filing Claims

• In the U.S.:
  – File claims with the claims processor in the region where you live.
  – Submit claims within one year of the date of service.

• In the U.S. territories:
  – File claims with the TRICARE Overseas Program claims processor.
  – Submit claims within one year of the date of service.

• Outside the U.S. and U.S. territories:
  – File claims with the TRICARE Overseas Program claims processor.
  – Submit claims within three years of the date of service.
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Looking for **More Information?**

**Stateside Regional Contractors**
- TRICARE East Region
  Humana Military
  1-800-444-5445
  HumanaMilitary.com
  [www.tricare-east.com](http://www.tricare-east.com)

- TRICARE West Region
  Health Net Federal Services, LLC
  1-844-866-WEST (1-844-866-9378)
  [www.tricare-west.com](http://www.tricare-west.com)

**Overseas Regional Contractor**
- TRICARE Overseas Program (TOP)
  International SOS Government Services, Inc.
  [www.tricare-overseas.com/contact-us](http://www.tricare-overseas.com/contact-us)

**More Resources**
- TRICARE Website
  [www.tricare.mil](http://www.tricare.mil)

- Publications
  [www.tricare.mil/publications](http://www.tricare.mil/publications)

- milConnect
  [https://milconnect.dmdc.osd.mil](https://milconnect.dmdc.osd.mil)