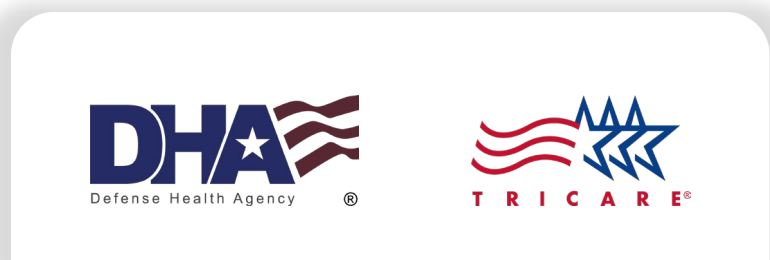


Transitioning From Active Duty to Retirement

Healthcare Coverage Options As You Approach Retirement

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Today's Agenda

- Preparing for Retirement
- TRICARE® Plan Options
- TRICARE Benefit Information
- For Information and Assistance

Preparing for Retirement

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
(<https://idco.dmdc.osd.mil/idco>)

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



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



Call 800-538-9552.



Fax 800-336-4416.

Medicare-Eligible Family Members

- To remain eligible for TRICARE, you must be eligible for Medicare Part A and have Medicare Part B:
 - Sign up for Medicare Part B before your sponsor's retirement date to avoid a break in TRICARE coverage. Medicare Part B is effective the month after you enroll.
- Beneficiaries under age 65 who are eligible for Medicare Part A and have Part B may:
 - Enroll in TRICARE Prime (enrollment fee waived)
 - Be covered by TRICARE For Life
- For Medicare information, visit:
 - www.ssa.gov
 - www.medicare.gov

Terminal Leave Status

- Current TRICARE program options stay in effect until your retirement date. If covered under TRICARE Prime:
 - Active duty service members can't enroll with another military hospital or clinic.
 - ADSMs can't switch their primary care manager.
- If you move to a new area:
 - Coordinate all care with your current PCM.
 - Family members may be able to change their PCMs.
- Remember to update your information in DEERS.

TRICARE Eligibility after Retirement

- Retired service members
- Spouses, surviving spouses, and qualifying former spouses
- Unmarried dependent children (certain eligibility requirements apply)
- Dependent parents are not eligible for civilian TRICARE benefits; however, they may be eligible to receive care at certain military hospitals and clinics if space is available.
- For more information, visit www.tricare.mil/retiring.

TRICARE Plan Options

TRICARE Coverage for Retirees

- You must enroll in a TRICARE Prime or TRICARE Select plan to continue coverage.
- You may enroll:
 - **Online:** Use Beneficiary Web Enrollment by logging in to <https://milconnect.dmdc.osd.mil> (Stateside enrollment only).
 - **Phone:** Call your regional contractor (once your retired status is reflected in DEERS).
 - **Mail:** Download the appropriate enrollment form at www.tricare.mil/forms and mail it to your regional contractor.
- For enrollment fees, premium amounts, and copayments, visit www.tricare.mil/costs.

Note: TRICARE Prime Remote options and TRICARE Overseas Program Prime options aren't available after retirement.

TRICARE Prime

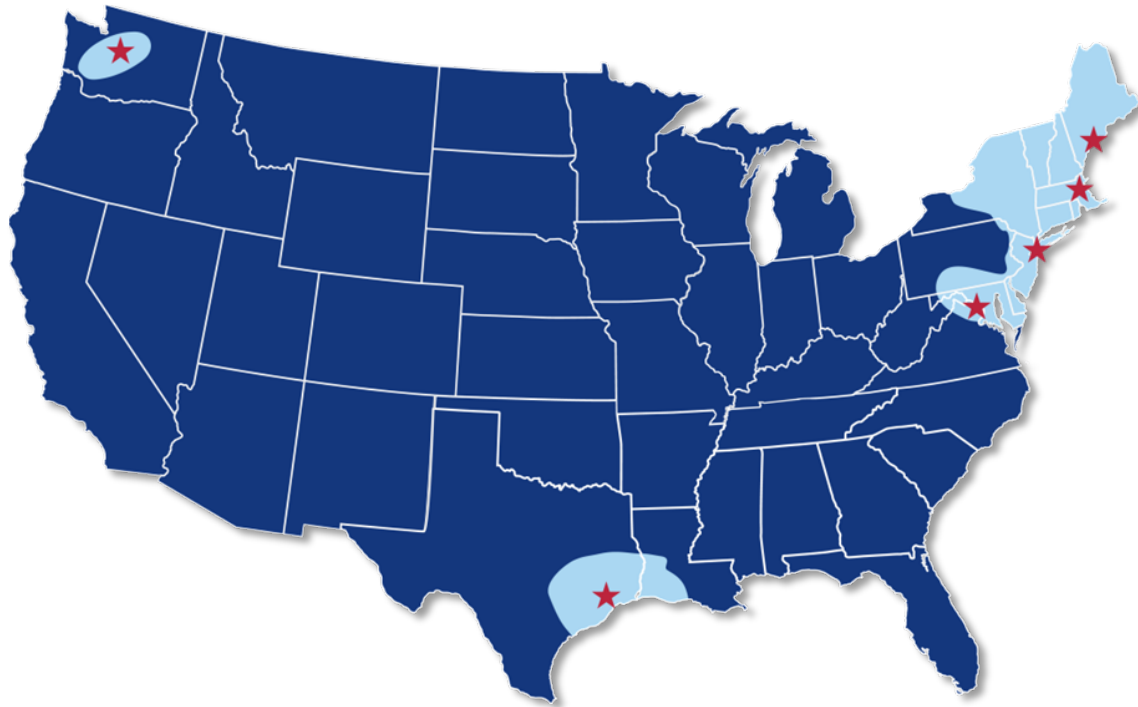
- Enroll with a military hospital or clinic (if space is available), TRICARE civilian network provider within a Prime Service Area, or US Family Health Plan provider.
- Obtain a PCM referral for civilian specialty care (otherwise, higher costs apply).
- Military hospitals and clinics have the “right of first refusal” to deliver nonemergency care within the PSA.
- If you plan to travel or move:
 - **Routine care:** Receive care before you travel.
 - **Urgent care:** Call your PCM or regional contractor for assistance.
 - **Emergency care:** Call 911 or go to the nearest emergency room.
 - **Seasonal moves:** Transfer your enrollment to keep costs low.

TRICARE Prime Point-of-Service Option

- Point-of-service option:
 - Applies when nonemergency care is provided by a TRICARE-authorized provider without a PCM referral.
 - Results in higher out-of-pocket costs.
- TRICARE pays only if the provider is TRICARE-authorized and services are covered by TRICARE.
- Contact your PCM for a referral when seeking routine and specialty care to avoid POS charges.
- POS deductibles per calendar year (Jan. 1–Dec. 31): **\$300/individual; \$600/family.**
 - TRICARE pays 50% of the TRICARE-allowable charge.
 - Doesn't count toward your annual catastrophic cap.

US Family Health Plan

USFHP Service Areas



- TRICARE Prime option
- Six service areas
- May not get care at military hospitals or clinics or use military pharmacies
- Must enroll
- Learn more at www.tricare.mil/USFHP.

TRICARE Select

- TRICARE Select is a self-managed, preferred-provider option for eligible beneficiaries (except ADSMs and TRICARE For Life beneficiaries) not enrolled in TRICARE Prime.
- With TRICARE Select you have the freedom to choose providers.
- Referrals aren't required.
- Yearly deductible and cost-shares apply.
- Enrollment in TRICARE Select is required.
- Some services require pre-authorization.
 - Visit your regional contractor's website for services that require pre-authorization.
- In overseas locations, TRICARE Overseas Program Select is available to eligible family members not enrolled in TOP Prime.

TRICARE Select: Getting Care

- Under TRICARE Select:
 - If you use a network provider:
 - You'll pay a fixed fee for care.
 - Your out-of-pocket costs will be lower if you use a network provider.
 - If you use a non-network, TRICARE-authorized provider:
 - You'll have a higher deductible and out-of-pocket costs.
 - You can invite your provider to become a TRICARE network provider.

TRICARE Overseas Program Select

- Freedom to choose providers from a purchased care sector provider in your overseas area. (Different rules apply in the Philippines).
- No referrals are required.
- Yearly deductible and copayments apply.
- Enrollment is required.
- Some services require pre-authorization.
- Expect to file your own claims.
- You may receive medically necessary covered services from a non-network, TRICARE-authorized provider, if a network provider isn't available.
 - You'll be subject to cost-sharing amounts applicable to out-of-network care.

TRICARE Young Adult

- TRICARE Young Adult is a premium-based healthcare plan available for purchase by qualified young-adult dependents. You may qualify to purchase TYA coverage if you're all of the following:
 - An unmarried dependent of a TRICARE-eligible uniformed service sponsor
 - At least age 21 (or age 23 if previously enrolled in a full-time course of study at an approved institution of higher learning and if the sponsor provided over 50% of the financial support), but have not yet reached age 26
 - Not eligible for an employer-sponsored health plan under your own employment as defined in TYA regulations
 - Not otherwise eligible for TRICARE program coverage
- For more information, visit www.tricare.mil/tya.

TRICARE For Life

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

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

Using TFL Overseas

- For overseas locations outside the U.S. and U.S. territories, TFL works like TRICARE Select. You may visit any host nation provider for care.*
- Claims are filed with the TOP claims processor.
 - For more information, visit www.tricare-overseas.com.

* *If you live or travel in the Philippines, you're encouraged to see a preferred provider for care. For more information, visit www.tricare.mil/philippines.*

TRICARE Benefit Information

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 and Other Health Insurance

- Other health insurance (includes national health insurance overseas) is considered your primary health insurance.
- TRICARE is the last payer to all other health benefits and insurance plans except for Medicaid, TRICARE supplements, the Indian Health Service, and other programs and plans as identified by the Defense Health Agency.
- If you have OHI:
 - Fill out and submit your regional contractor's *TRICARE Other Health Insurance Questionnaire* at www.tricare.mil/forms.
 - Follow your OHI's rules for prior authorizations and filing claims.
 - Tell your provider about your OHI and TRICARE.
 - Show your provider your OHI card.

Pharmacy Benefits with OHI

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

Federal Employees Dental and Vision Insurance Program

- The U.S. Office of Personnel Management offers eligible TRICARE beneficiaries the option to enroll in a FEDVIP dental plan.
- FEDVIP offers a range of plans from a number of dental plans.
- FEDVIP is available to:
 - Retired service members and their eligible family members
 - Certain retired National Guard and Reserve members and their family members
 - Certain survivors
 - Medal of Honor recipients and their immediate family members or survivors
- Former spouses and remarried surviving spouses don't qualify to purchase dental coverage.

For FEDVIP plans and enrollment information, visit www.benefeds.gov.

FEDVIP Vision Options

- FEDVIP offers vision coverage for eligible TRICARE beneficiaries who are enrolled in or are using a TRICARE health plan including:
 - TRICARE Prime, including USFHP
 - TRICARE Select
 - TRICARE Reserve Select
 - TRICARE Retired Reserve
 - TFL
- FEVIP vision coverage is available to:
 - Active duty family members
 - Retired service members and their eligible family members
 - National Guard and Reserve members and eligible family members

Visit www.benefeds.gov for eligibility, carrier, and enrollment information.

The Affordable Care Act

- TRICARE meets the minimum essential coverage requirement under the Affordable Care Act.
- Each tax year, you'll get an IRS Form 1095 from your pay center. It will list your TRICARE coverage for each month.
- Your Social Security number and the Social Security number of each of your covered family members should be included in DEERS for your TRICARE coverage to be reflected accurately.

A stylized representation of an IRS Form 1095. The form is enclosed in a blue border. At the top left, the word "Form" is written vertically, followed by the large number "1095". To the right of the number are several horizontal lines. The main body of the form consists of multiple rows of horizontal lines, with a vertical line on the right side of each row, suggesting a table or list structure. The overall appearance is that of a document template.

For Information and Assistance

More Information

Regional Contractors

- TRICARE East Region
Humana Military
800-444-5445
www.tricare.mil/east
- TRICARE West Region
TriWest Healthcare Alliance
888-TRIWEST (888-874-9378)
www.tricare.mil/west
- TRICARE Overseas Program
International SOS Government Services, Inc.
Find toll-free contact information at
www.tricare-overseas.com/contact-us.

Resources

- TRICARE Website: www.tricare.mil



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