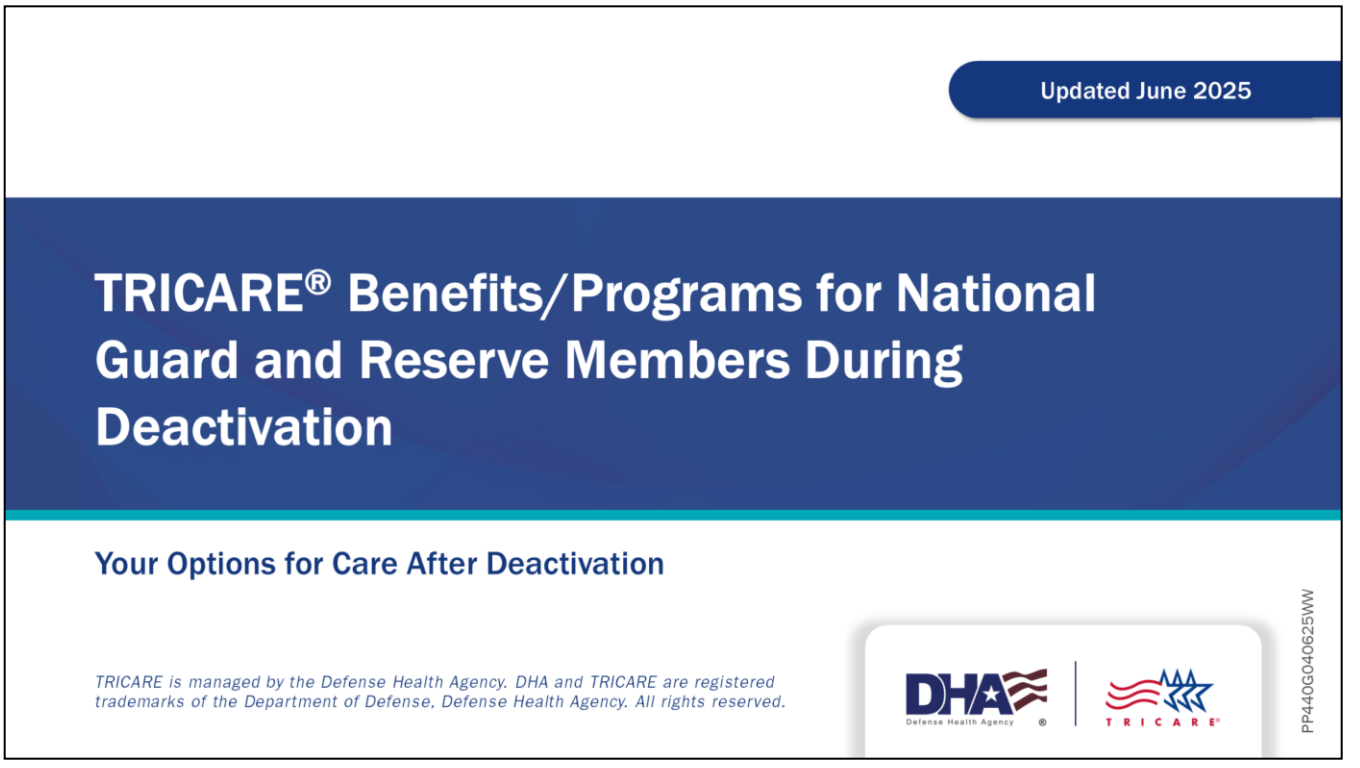
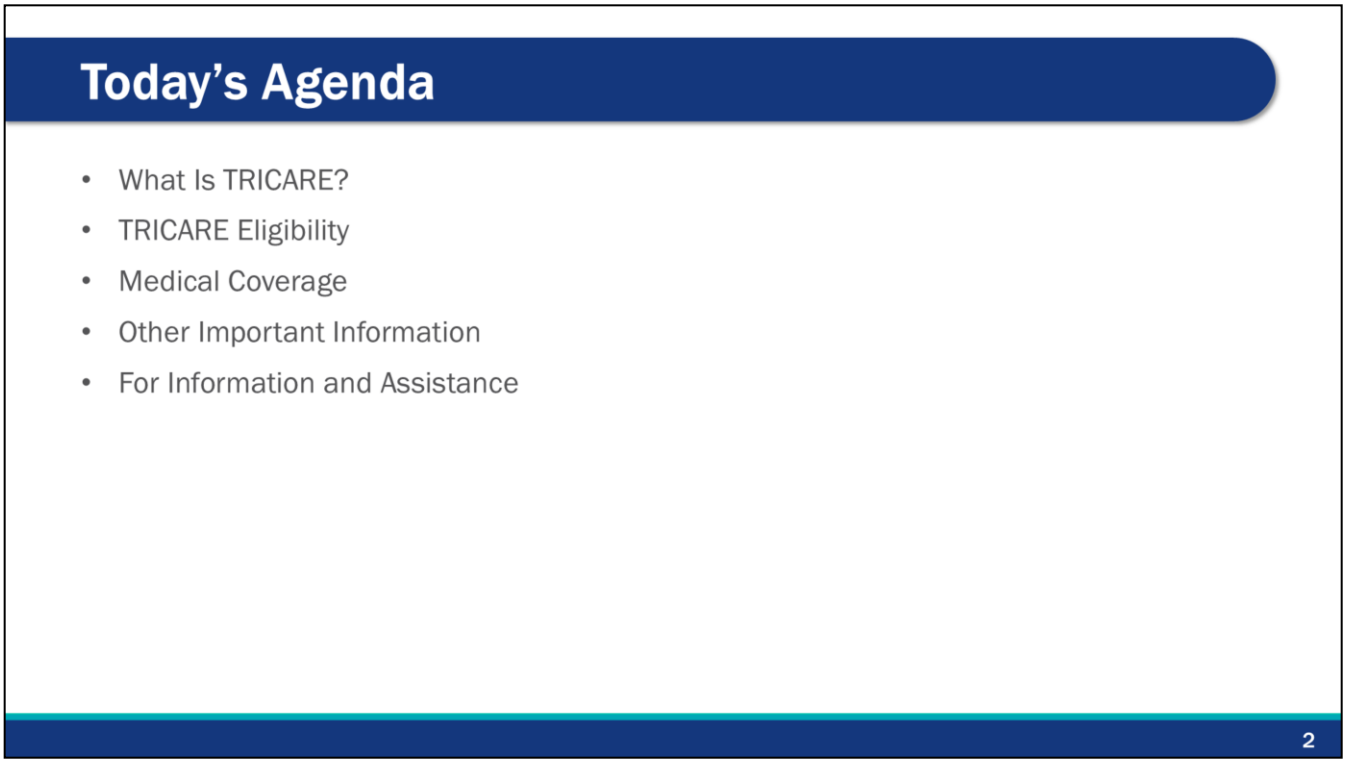
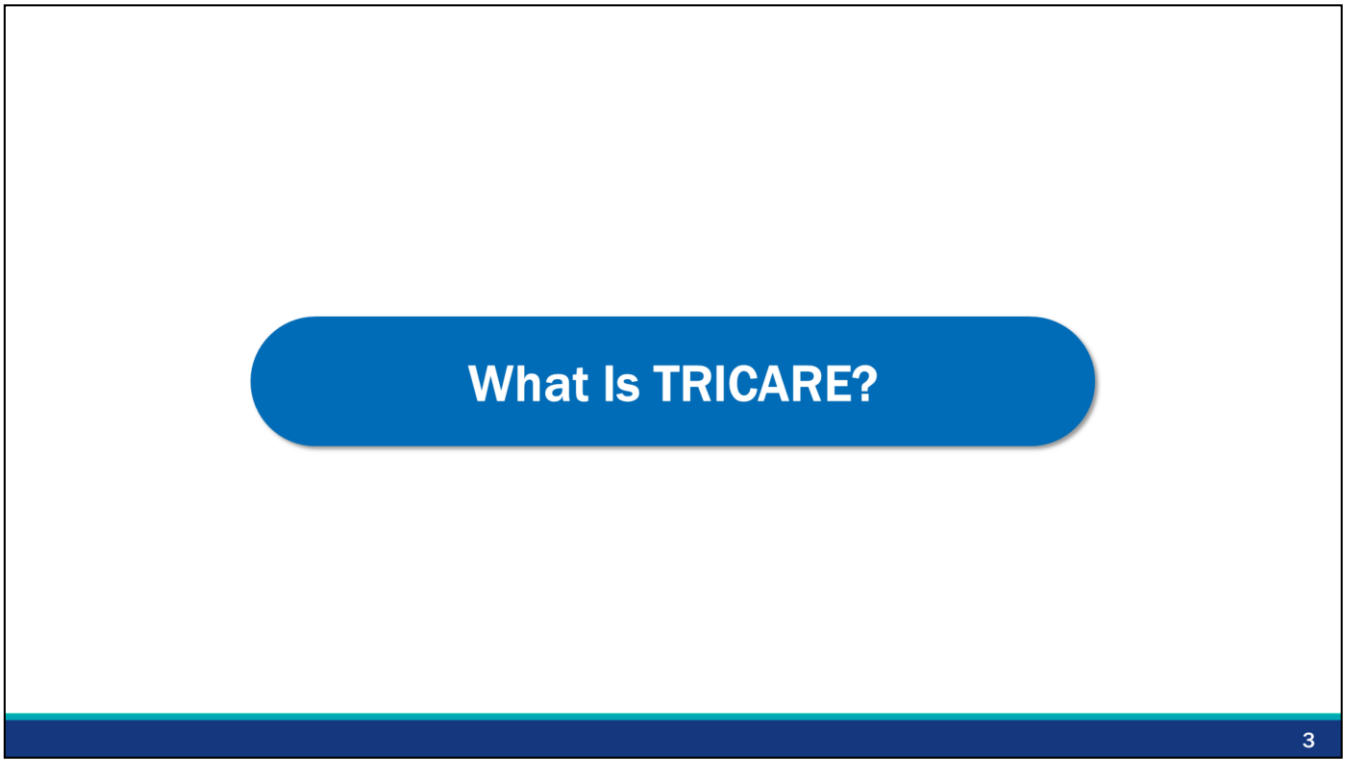


- **ATTENTION PRESENTER:** To ensure that those using TRICARE get the most up-to-date information about their health benefit, go to **www.health.mil/briefings** for the latest version of this briefing before each presentation. Briefings are continuously updated as benefit changes occur.
- **Presenter Tips:**
  - Review the briefing with notes before your presentation.
  - Remove any slides that don't apply to your audience.
  - Review the Other Important Information briefing slides and the Costs Briefing Slides at **www.health.mil/briefings** to identify any additional slides to include in your presentation.
  - Launch the briefing in "slide show" setting for your presentation.
- **Estimated Briefing Time:** 45 minutes
- **Target Audience:** Members of the National Guard and Reserve during deactivation
- **TRICARE Resources:** Go to **www.tricare.mil/publications** to view, print, or download copies of TRICARE educational materials. Suggested resources include *TRICARE Choices for National Guard and Reserve Handbook, TRICARE Retiring from the National Guard or Reserve Brochure,* and *TRICARE Plans Overview*.
- **Briefing Objectives:**
  - Increase awareness of TRICARE benefits for National Guard and Reserve members and families coming off a sponsor's activation.
  - Inform beneficiaries how to maintain continuous coverage and how to get TRICARE benefits.
- **Optional Presenter Comments:** Welcome to the *TRICARE Benefits/Programs for National Guard and Reserve Members During Deactivation* briefing. The goal of today's presentation is to explain how to use

the TRICARE benefit during deactivation.



- Today, we will discuss what TRICARE is, how to establish eligibility, and the medical coverage available while transitioning out of active duty service.
- We will also cover other important information, including overviews of pharmacy options, dental programs, and survivor benefits.
- Finally, we will provide important resources for assistance and to find answers to any additional questions.
  - To learn more about TRICARE options, go to **www.tricare.mil**.
  - To get TRICARE news and publications by email, sign up at **www.tricare.mil/subscriptions**.
  - To sign up for emails about your eligibility and enrollment changes, go to **https://milconnect.dmdc.osd.mil**.



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

What Is TRICARE?

- TRICARE is the health care program for the U.S. Department of Defense. It consists of:
  - Direct care
  - Civilian care
- TRICARE® is the brand name for the U.S. Military Health System.

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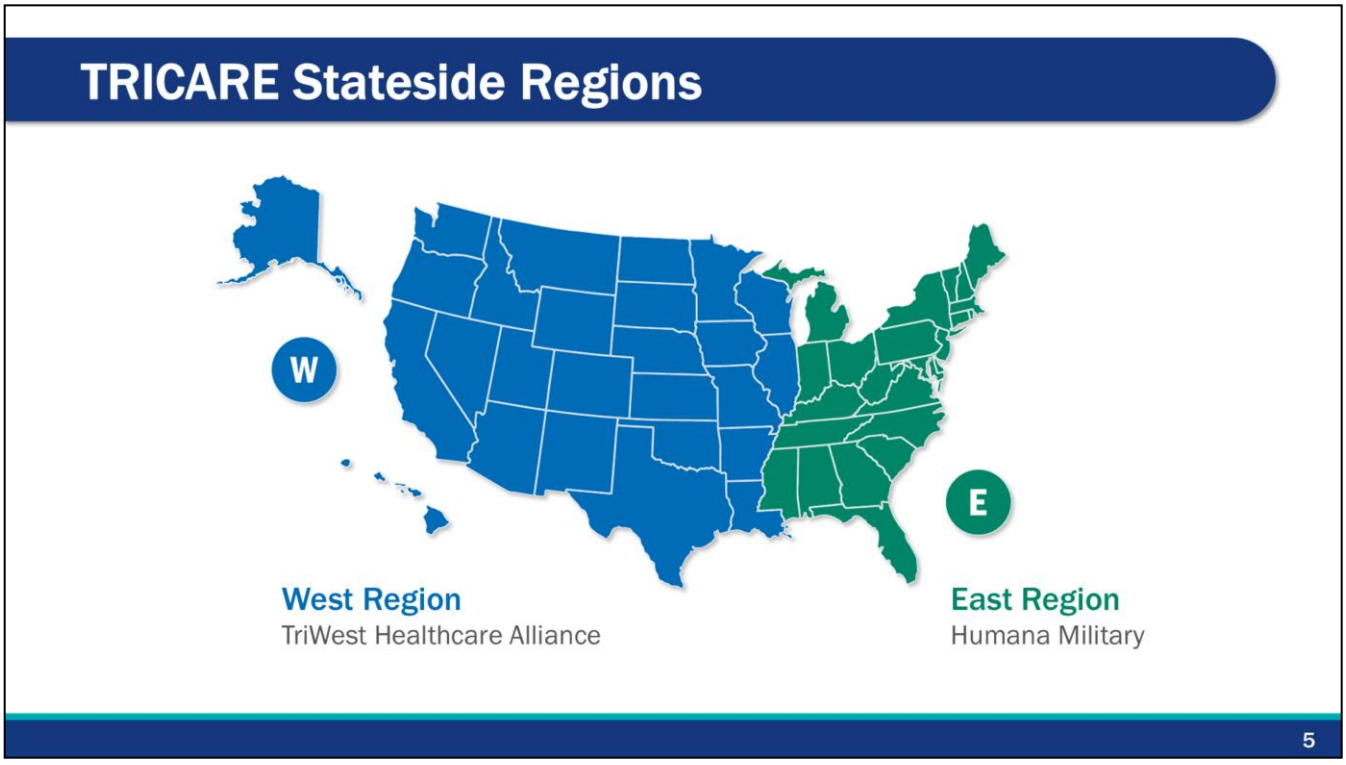
- TRICARE is the uniformed services health care program for active duty service members, active duty family members, eligible National Guard and Reserve members and their families, retirees and retiree family members, survivors, and certain former spouses worldwide.
- TRICARE brings together the health care delivery resources of the U.S. Military Health System—such as military hospitals and clinics—with TRICARE authorized providers in civilian health care, network and non-network. The term, "health care providers," includes health care professionals, facilities, pharmacies, and suppliers.



- TRICARE is available worldwide and administered 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.
- TriWest Healthcare Alliance 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.
- Another contractor, International SOS, Inc., administers TRICARE overseas and in U.S. territories.
- And separate contractors administer dental and pharmacy benefits.
- Each regional contractor has a website and call center to help with your questions. I'll share this contact information at the end of this presentation.

TRICARE Overseas Program

Latin America and Canada

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

Eurasia-Africa

Africa, Europe, and the Middle East

Pacific

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

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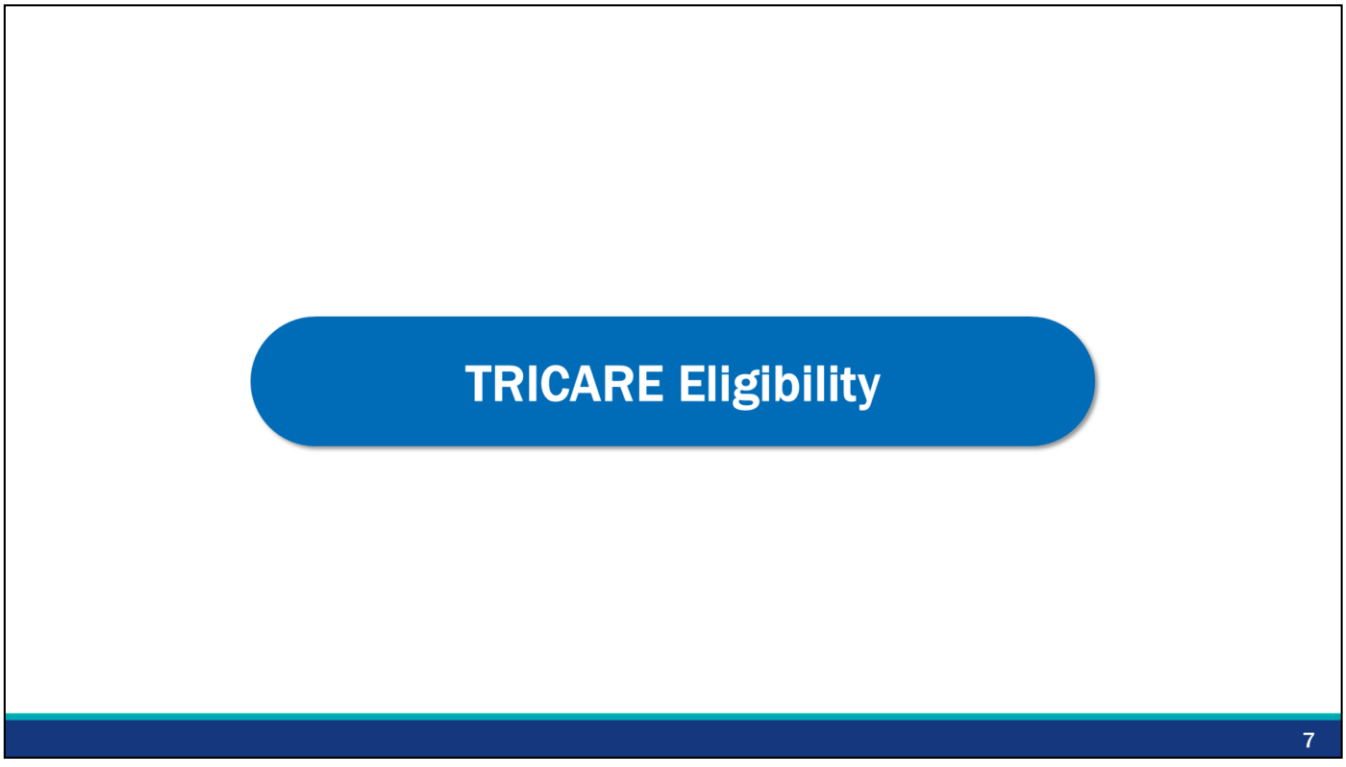
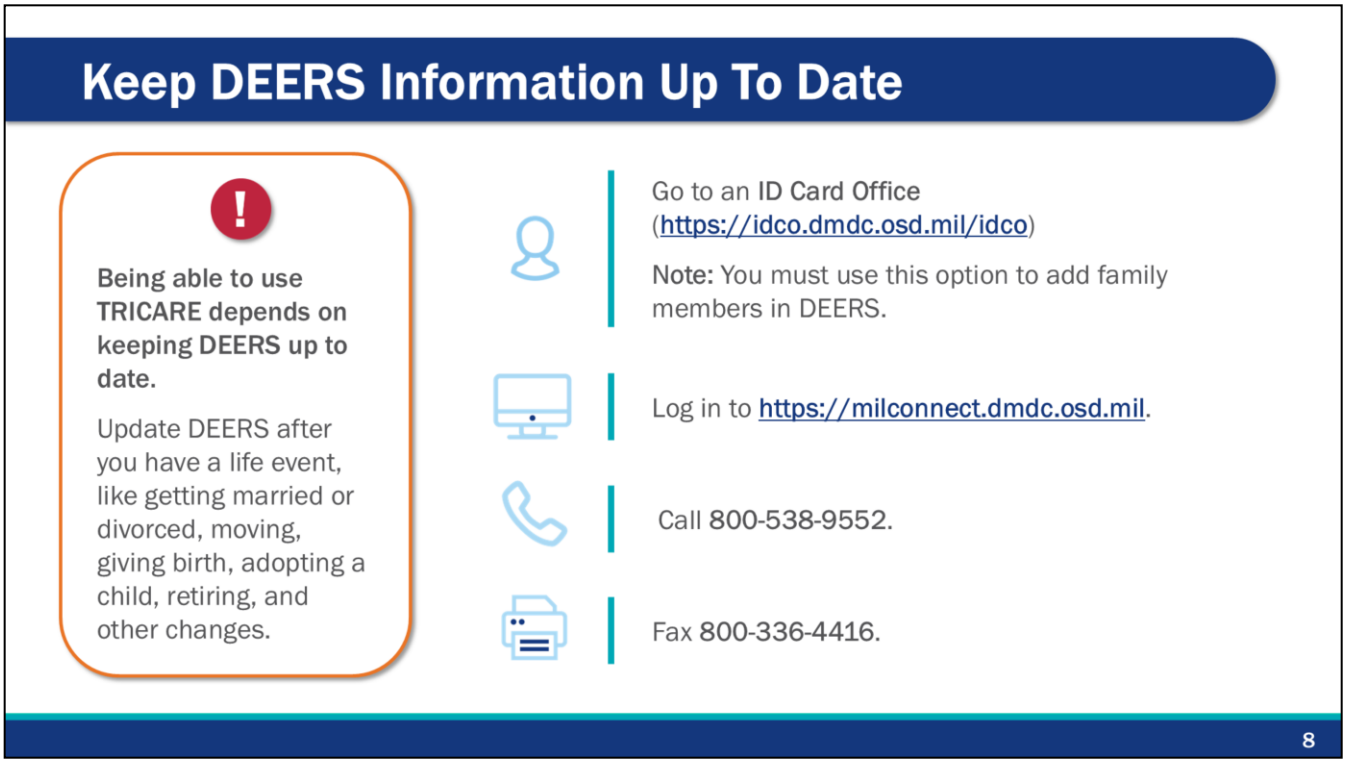
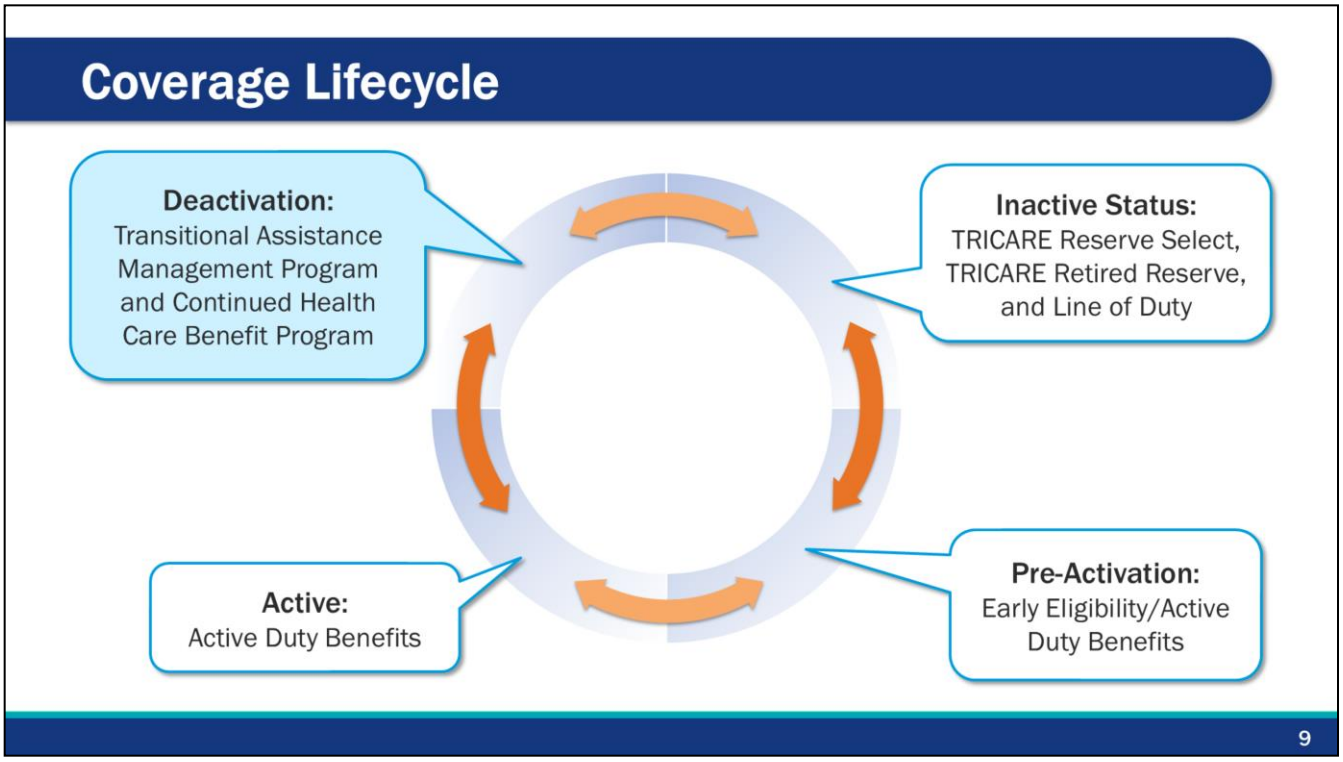
- The TRICARE Overseas Program is made up of one overseas region divided into three geographic areas: Latin America and Canada, Eurasia-Africa, and the Pacific.
- International SOS Government Services, Inc., or International SOS, is the contractor for the TRICARE Overseas Program.
- Each overseas region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



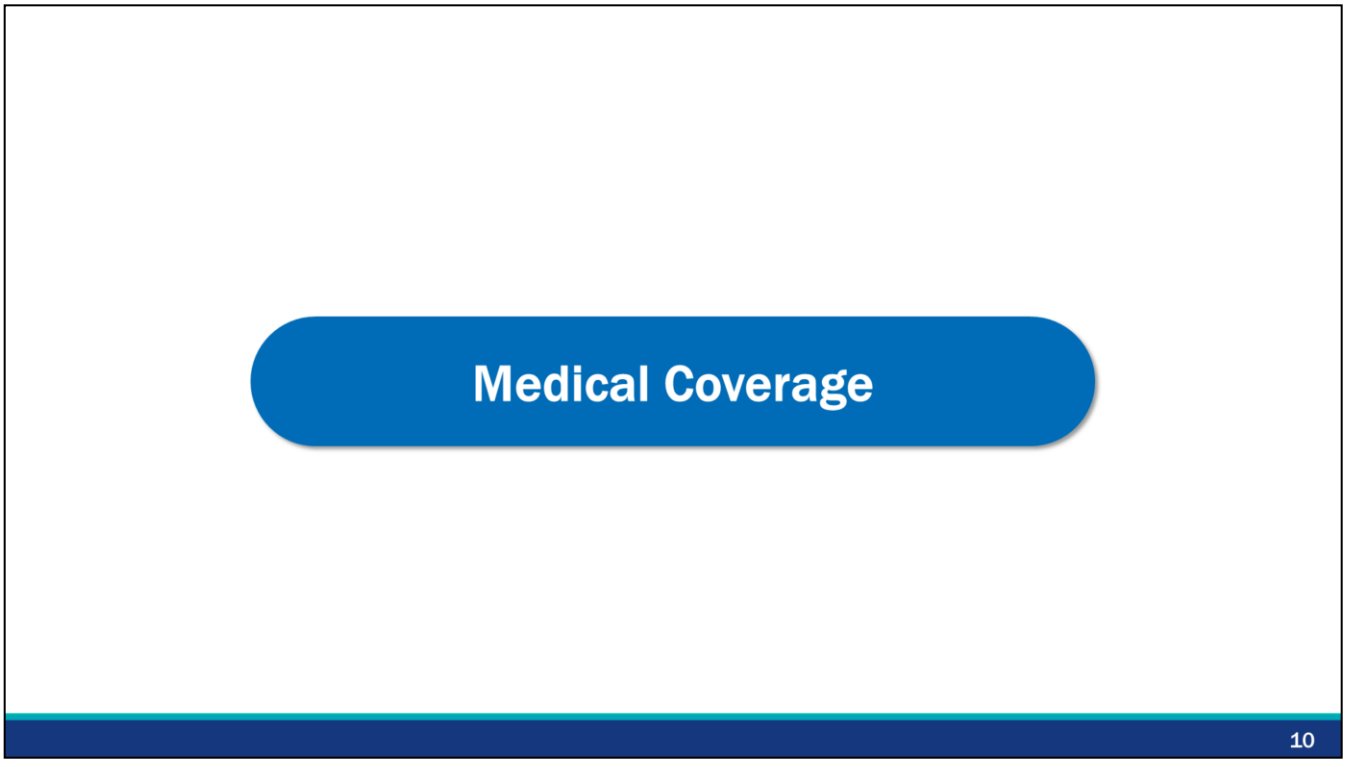
- **Optional Presenter Comment:** We will now discuss TRICARE eligibility.



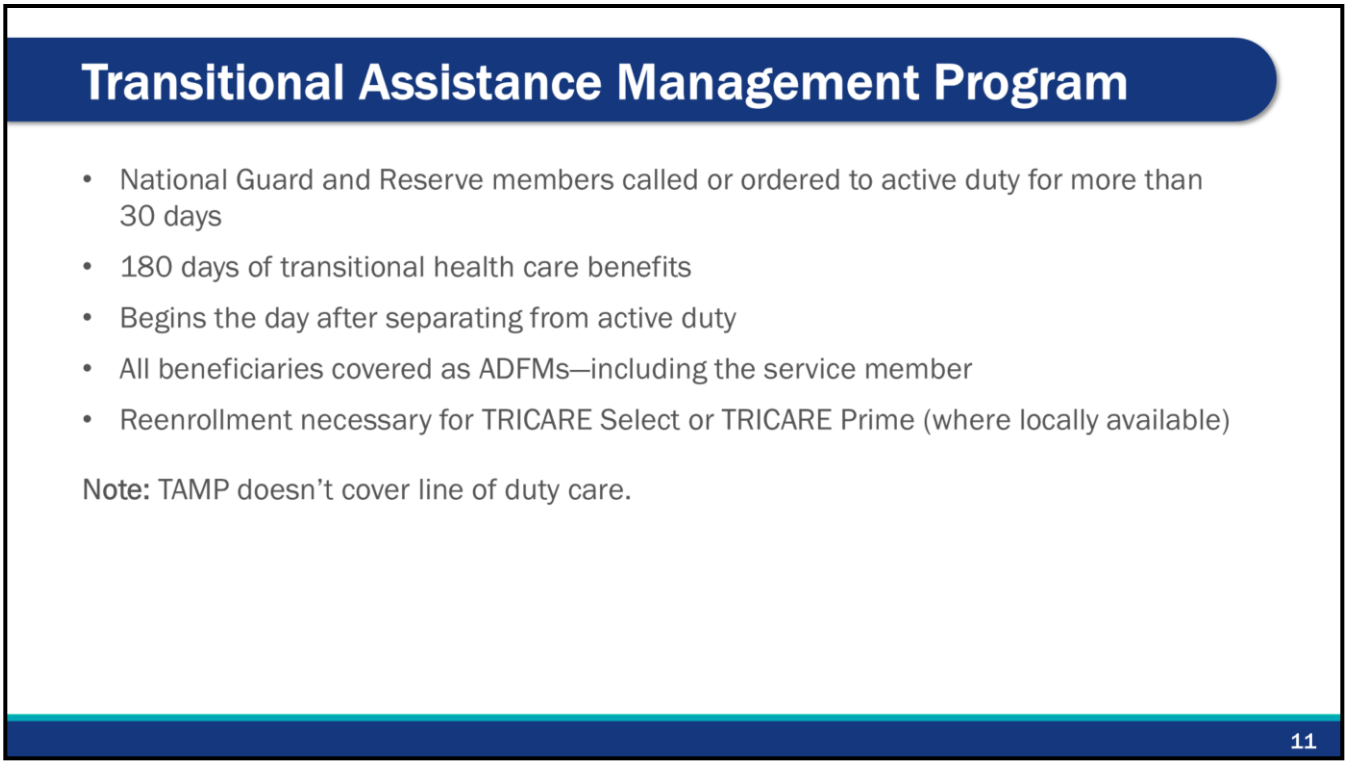
- The Defense Enrollment Eligibility Reporting System, or DEERS, is a database of service members and dependents worldwide who may be eligible for military benefits, including TRICARE.
- Your TRICARE eligibility shows up in DEERS based on the sponsor's status. To maintain your eligibility, you must update 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** 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**.



- TRICARE has many programs that let National Guard and Reserve members and their families have continuous coverage throughout the TRICARE-eligibility lifecycle.
- When active duty orders for more than 30 days are received, sponsors and family members may become eligible for premium-free, active duty TRICARE benefits. These benefits continue throughout active duty service. We will discuss inactive status in greater detail later in this presentation.
- Once active duty ends, sponsors and family members may become eligible for transitional benefits. Transitional benefits include the premium-free Transitional Assistance Management Program, or TAMP, and the premium-based Continued Health Care Benefit Program, or CHCBP.
- Non-activated members of the Selected Reserve, or those not eligible for TAMP, may qualify to purchase TRICARE Reserve Select, or TRS, for themselves and their family members.
  - TRS is a premium-based health care plan that gives beneficiaries the freedom to choose TRICARE-authorized providers and use TRICARE's pharmacy benefit.
  - During this time, service members may also have line of duty, or LOD, care, which is limited to injuries, illnesses, or diseases incurred or aggravated when drilling or called or ordered to service for 30 days or less.



- **Optional Presenter Comment:** Next we will discuss TRICARE medical coverage for National Guard and Reserve members and their family members at deactivation.

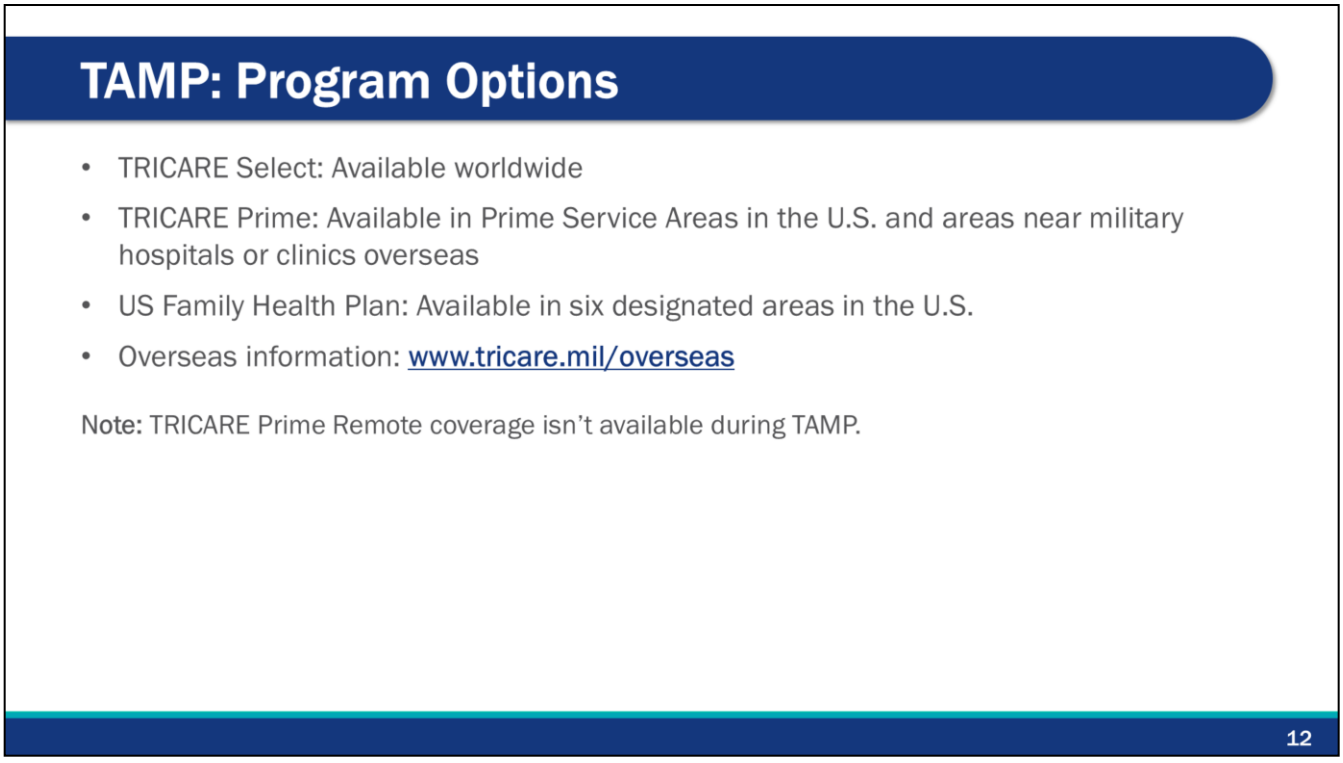


- If a National Guard or Reserve member is called or ordered to active duty for more than 30 days for a preplanned mission or in support of a contingency operation, they and their family members are eligible for TAMP.

Note: TAMP eligibility is determined by the services, so eligibility questions should be directed to each unit's personnel.

- TAMP provides 180 days of transitional health care benefits beginning the day after separating from active duty to help in the transition to civilian life.
- During the TAMP period, service members and their families are all covered as ADFMs. There is no enrollment fee, but cost-shares and copayments apply.
- When released from active duty, the sponsor's status in DEERS changes. You may elect to reenroll in TRS, TRICARE Select or TRICARE Prime, if eligible. You have 90 days from last date on active duty to reenroll in TRS or TRICARE Select. For TRICARE Prime, you can reenroll any time before the expiration of your TAMP period.

Note: TAMP doesn't cover line of duty care. When getting line of duty care, you must show eligibility documentation at the time of service to avoid incurring costs associated with other TRICARE coverage. Line of duty care is discussed in more detail later in this briefing.

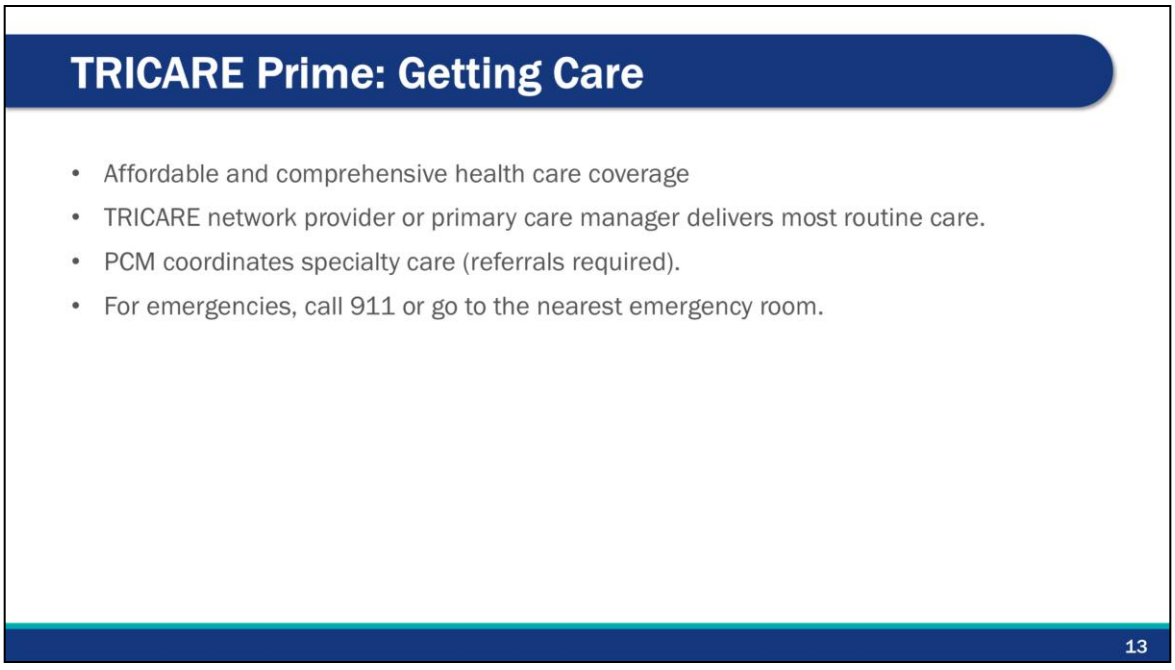


- During the TAMP period, TRICARE program options will depend on location.
- TRICARE Select is available worldwide.
- TRICARE Prime is available to beneficiaries living in Prime Service Areas, or PSAs, in the U.S. and areas near military hospitals or clinics overseas. PSAs are areas near military hospitals or clinics and civilian provider offices where regional contractors have established TRICARE Prime networks.

Note: No enrollment action is required for purchased care coverage to apply to TAMP. TAMP beneficiaries who live in a PSA may change their enrollment from TRICARE Prime to TRICARE Select or vice versa.

- Family members living in certain areas are also eligible for the US Family Health Plan, or USFHP, which is a TRICARE Prime option available in six designated areas across the U.S.
- For information on TRICARE program options overseas, go to **www.tricare.mil/overseas**.

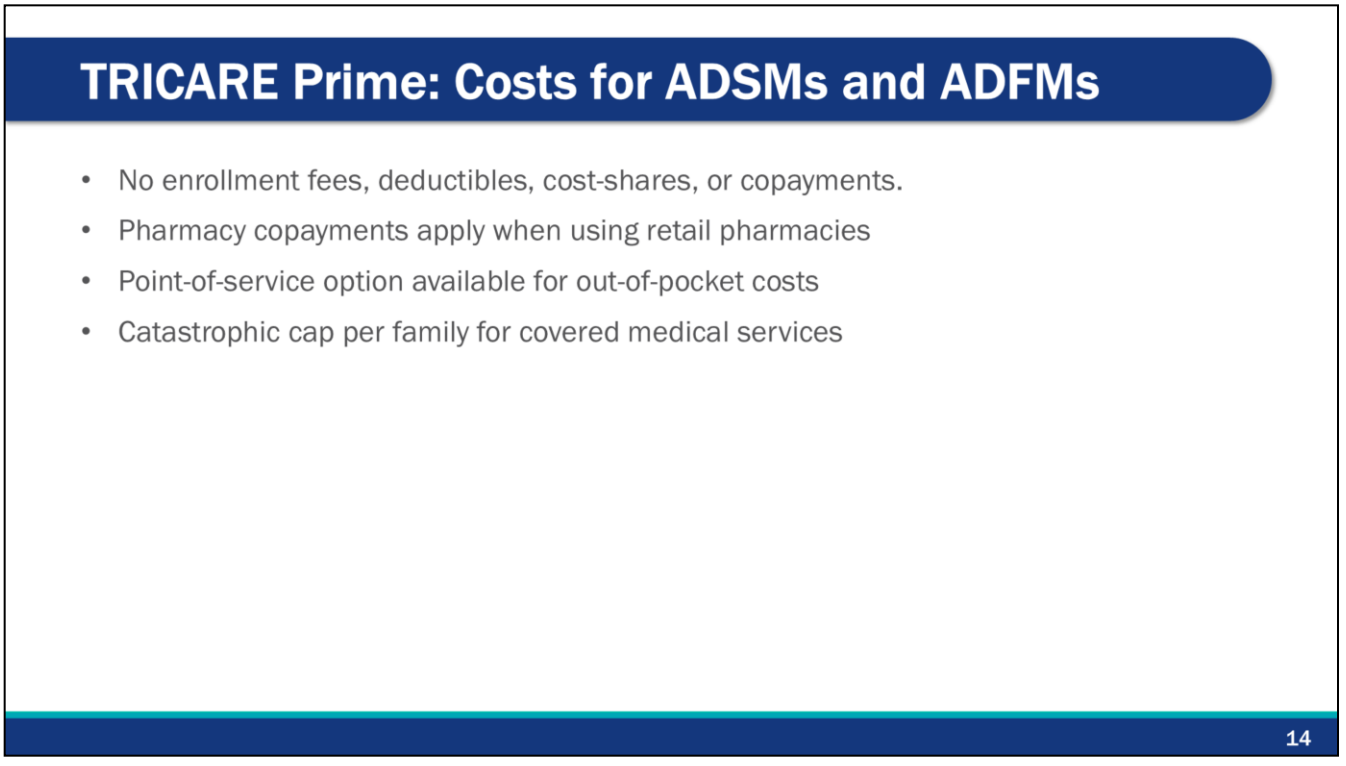
Note: TRICARE Prime Remote, TRICARE Prime Remote for Active Duty Family Members, and TRICARE Overseas Program Prime Remote aren't available during TAMP. Learn more at **www.tricare.mil/tamp**.



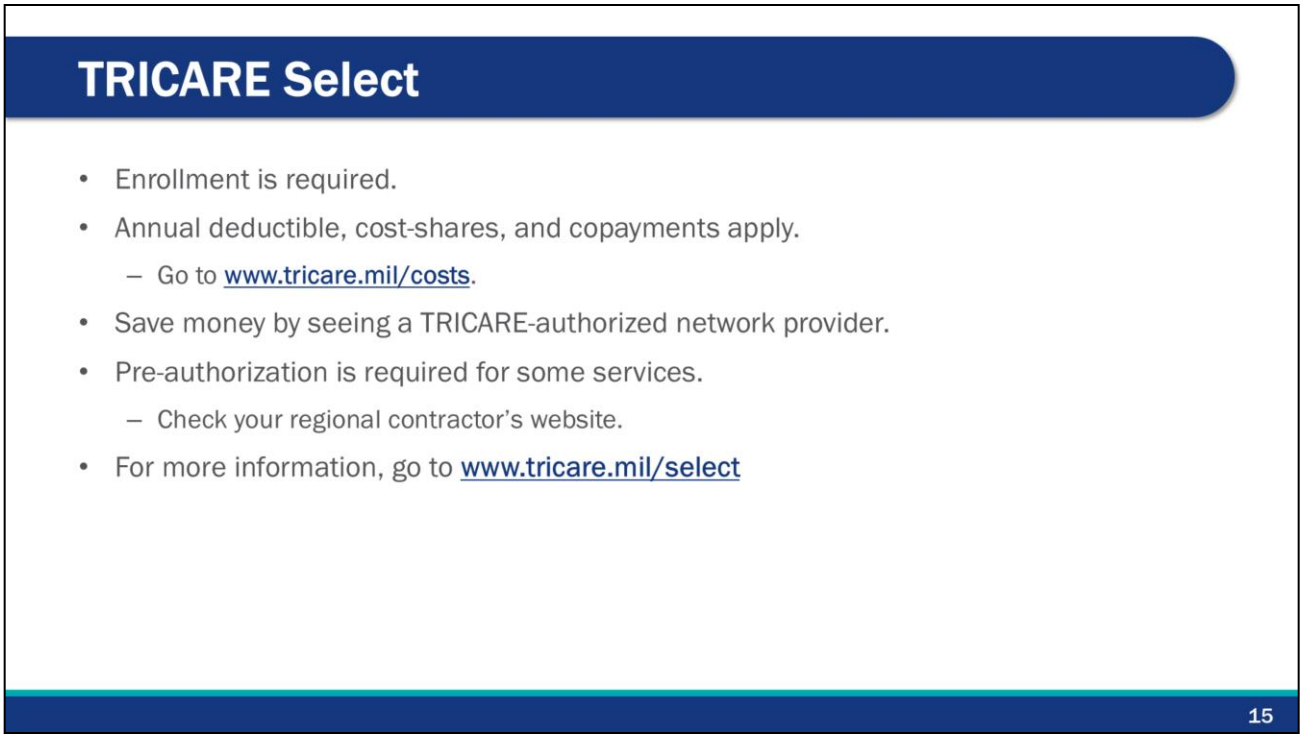
- TRICARE Prime options provide affordable and comprehensive health care coverage while minimizing out-of-pocket costs.
- TRICARE Prime enrollees select or have a primary care manager, or PCM, assigned at military hospitals or clinics or within the TRICARE civilian provider network. PCMs deliver routine care, such as preventive services and routine visits, and file claims on the beneficiary's behalf. TRICARE Prime enrollees who need specialty care are required to work with their PCMs or regional contractors to coordinate referrals and pre-authorizations.

Note: If you're enrolled in TRICARE Prime Remote and there are no network PCMs in your area, you can visit any TRICARE-authorized provider for care.

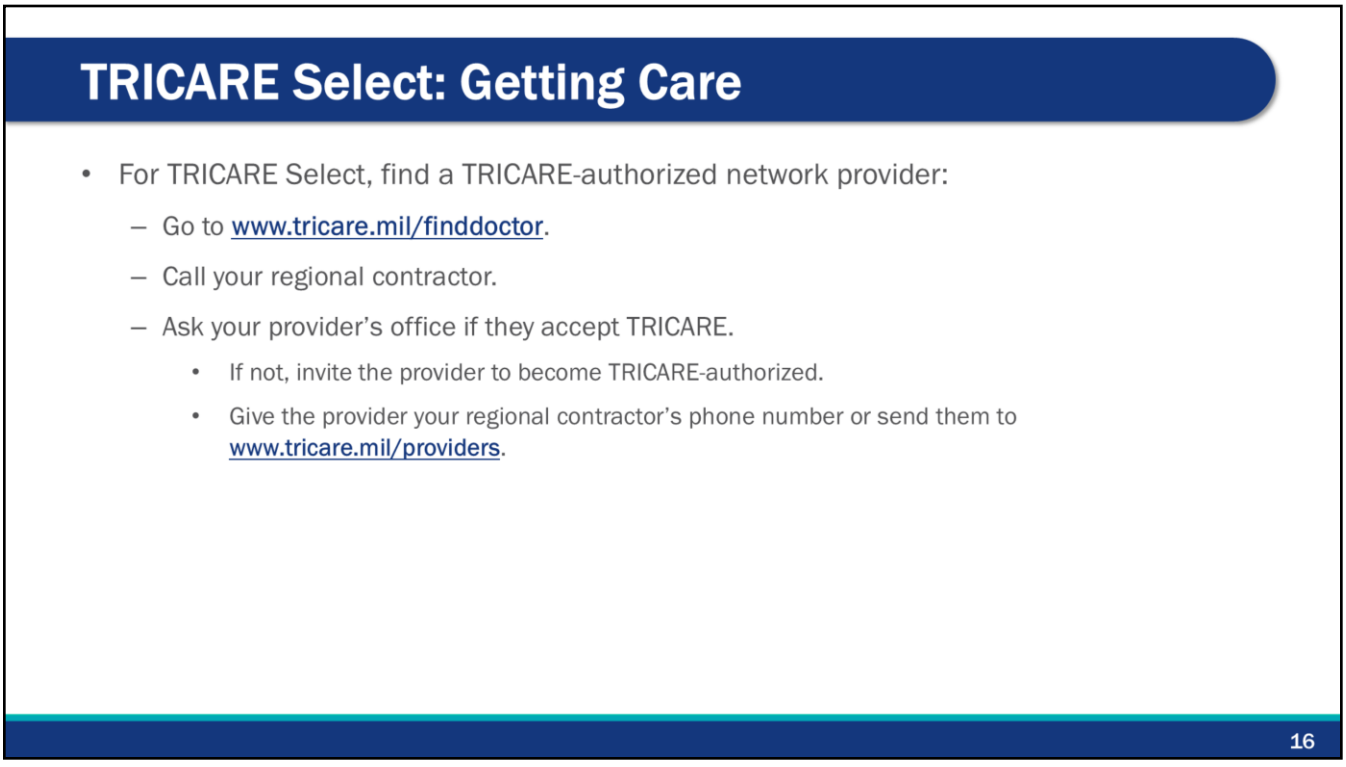
- Urgent care services are medically necessary services required for an illness or injury that would not result in further disability or death if not treated immediately, but does require professional attention within 24 hours.
- A referral for urgent care visits for TRICARE Prime enrollees other than ADSMs isn't required, and point-of-service charges no longer apply for such claims. ADFMs enrolled to TRICARE Prime Overseas or TRICARE Prime Remote Overseas must contact the TRICARE Overseas contractor to get an authorization in order to ensure their urgent care visit will be cashless/claimless. Without this authorization, overseas providers may request payment up front, and the beneficiary will then have to submit a claim for reimbursement. Any ADSM enrolled in TRICARE Prime Overseas or TRICARE Prime Remote Overseas requiring urgent care while on temporary duty or on leave status in the 50 United States and the District of Columbia, may access urgent care without a referral or an authorization.
  - Examples of urgent care situations include minor cuts, migraine headaches, urinary tract infections, sprains, earaches and rising fevers.
  - Because these situations don't meet the standard for emergency services, pre-authorization is required to avoid out-of-pocket costs.
- For emergencies, call 911 or go to the nearest emergency room.
  - Referrals and pre-authorizations aren't required for emergency services. But if you're admitted, your regional contractor must be notified within 24 hours or on the next business day to coordinate ongoing care.
  - Service members enrolled in TRICARE Prime or TRICARE Prime Remote should contact their command unit and the Defense Health Agency—Great Lakes, or DHA-GL, as soon as possible.



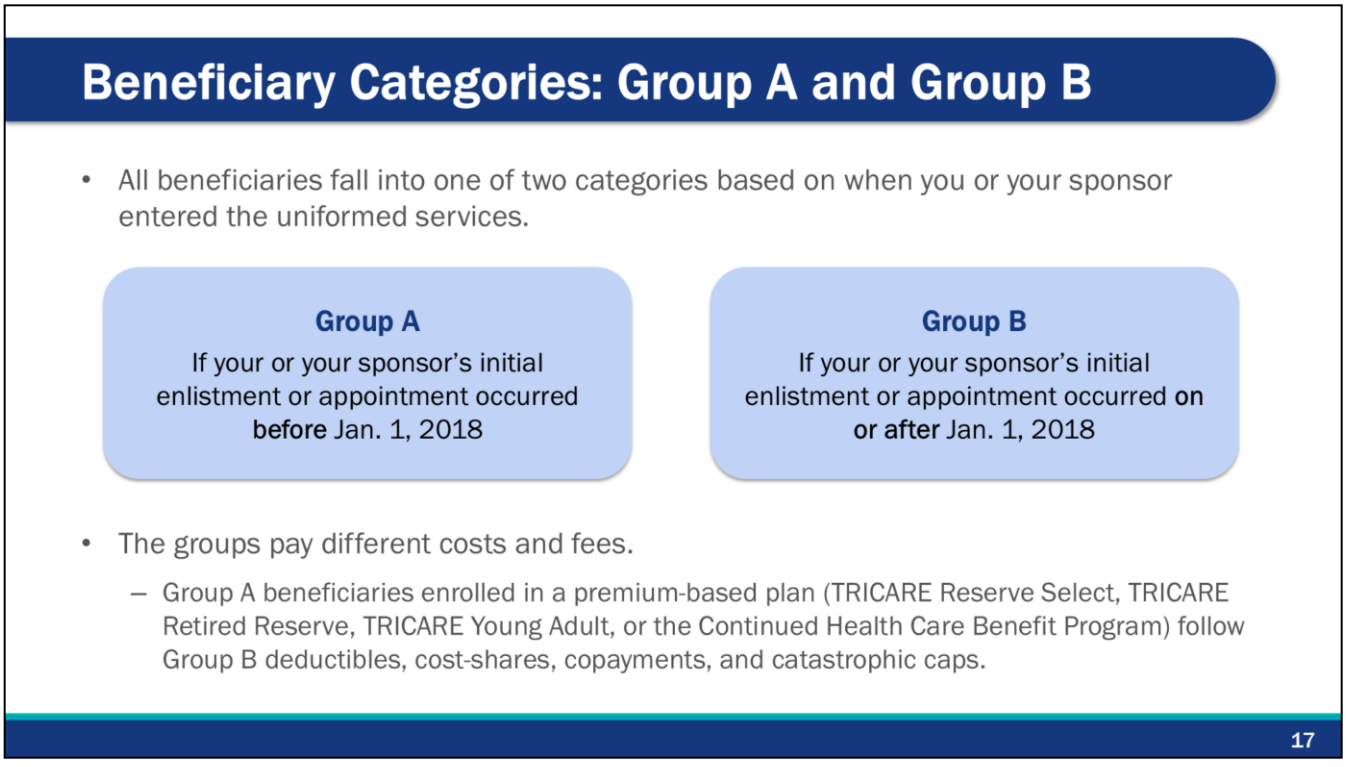
- In general, service members in TRICARE Prime have no out-of-pocket costs for health care services.
- Sponsors and family members are responsible for pharmacy copayments for prescriptions filled outside of military pharmacies. Details on pharmacy costs are provided later in this presentation.
- The point-of-service, or POS, option allows TRICARE Prime enrollees to seek nonemergency care from any TRICARE-authorized provider without a referral. However, out-of-pocket costs will be higher.
  - Specifically, the point-of-service option requires you pay all allowable costs until you meet the point-of-service deductible, and you must pay 50% of the TRICARE-allowable amount after you meet the deductible.
  - Remember, ADSMs can't use the point-of-service option.
- The catastrophic cap, which is the most you or your family will pay for covered health services each calendar year includes deductibles, cost-shares, copayments, and prescription copayments, but it does **not** include POS deductibles, cost-share amounts and premiums paid for premium-based health plans.



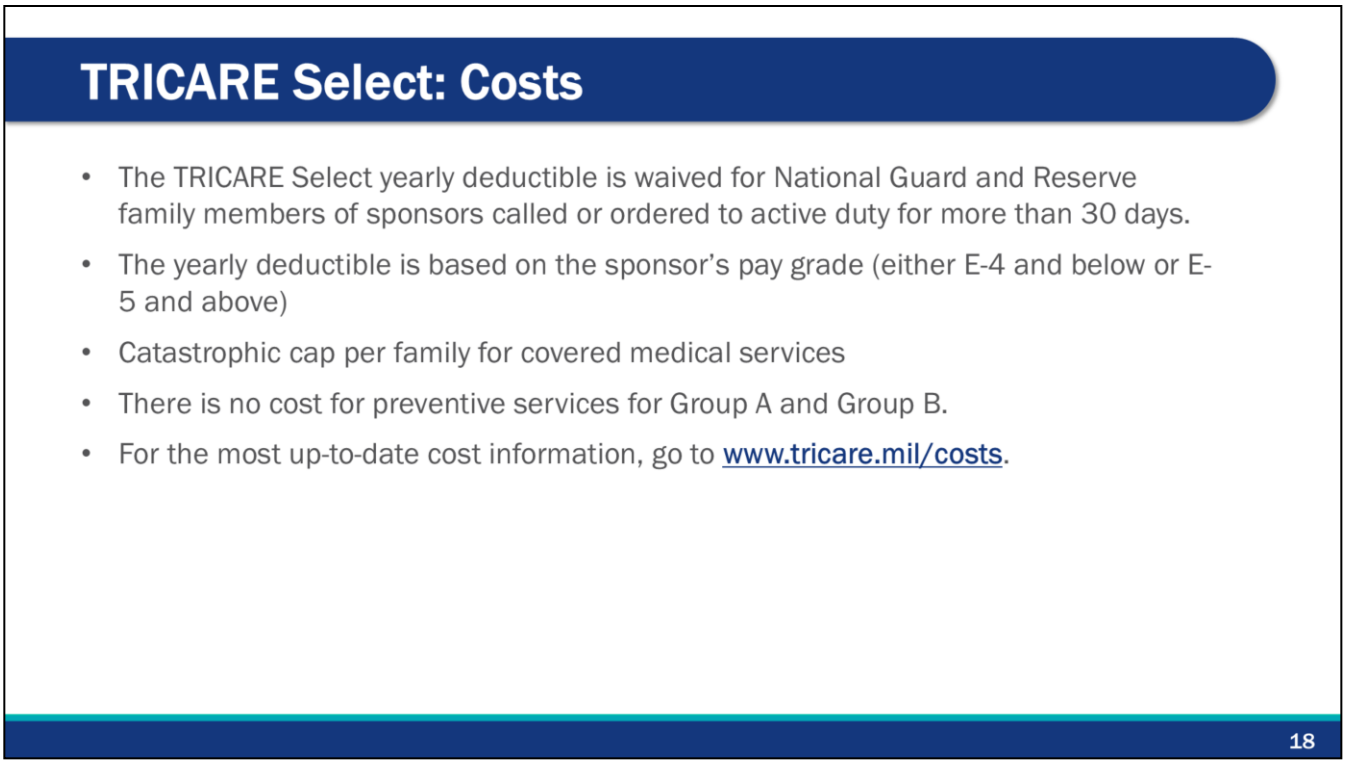
- Upon turning age 60 and collecting retirement pay, Retired Reserve members and their family members become eligible to enroll in TRICARE Select. This fee-for-service option allows beneficiaries to manage their own health care and have the freedom to seek care from any TRICARE-authorized provider they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



- Your out-of-pocket costs will be lower when you see a TRICARE-network provider. A network provider is a provider that accepts TRICARE's payment as the full payment for any covered health care services you get. TRICARE network providers also file claims for you.
- To find a network provider, go to **www.tricare.mil/finddoctor** or contact your regional contractor.
- If you're seeing a non-network provider, ask if they accept TRICARE and are authorized to get paid by TRICARE **before** getting care. If not, invite the provider to become TRICARE-authorized at any time. The provider simply needs to contact your TRICARE regional contractor for more information. Beneficiaries who see non-network providers may have to file their own claims.
- If you're overseas, you may get care from any purchased care sector provider or military hospital or clinic (if space is available) without a referral except in the Philippines, where you're encouraged to see a Philippine Preferred Provider Network provider for care.



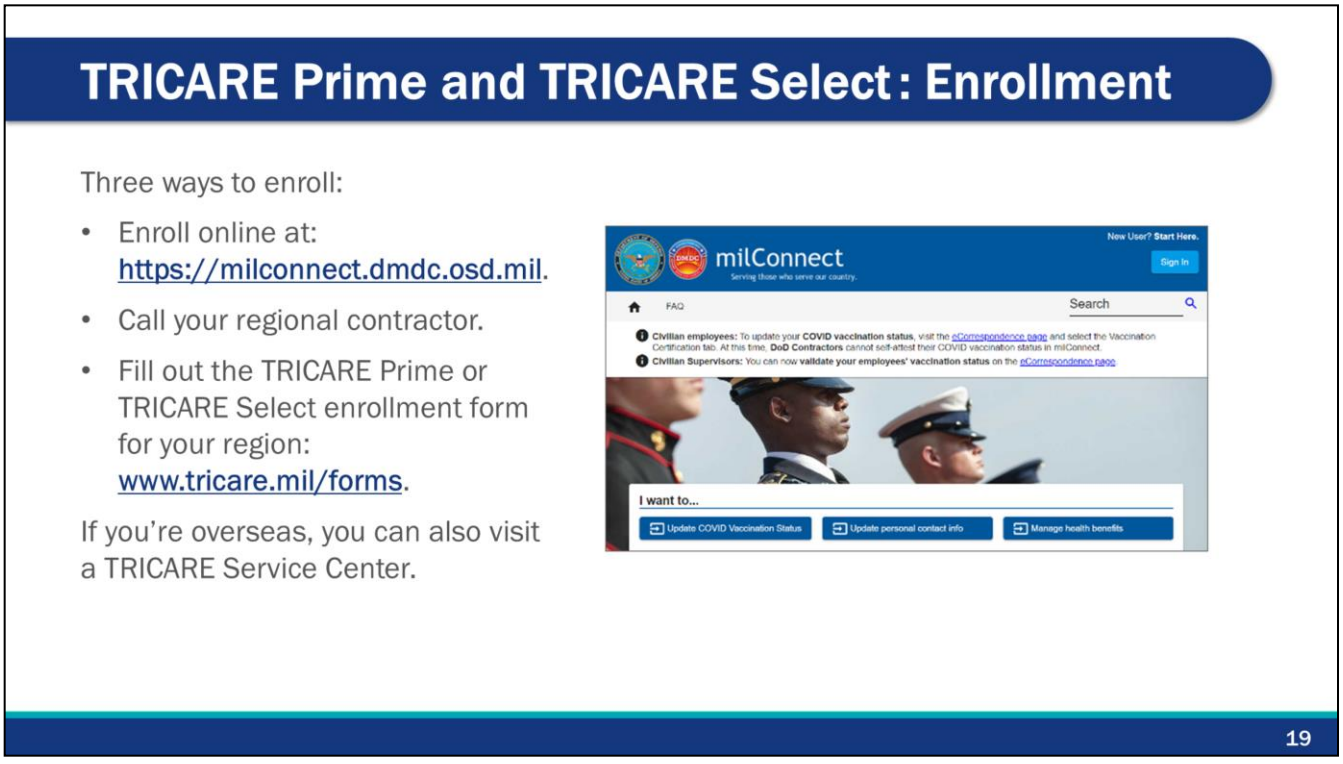
- All beneficiaries fall into one of two categories based on when you or your sponsor entered the military. The groups pay different costs and fees.
  - **Group A:** If your or your sponsor's initial enlistment or appointment occurred before Jan. 1, 2018, you're in Group A.
  - **Group B:** If your or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



- The TRICARE Select deductible is waived for National Guard and Reserve family members whose sponsor is called or ordered to active duty for more than 30 days.

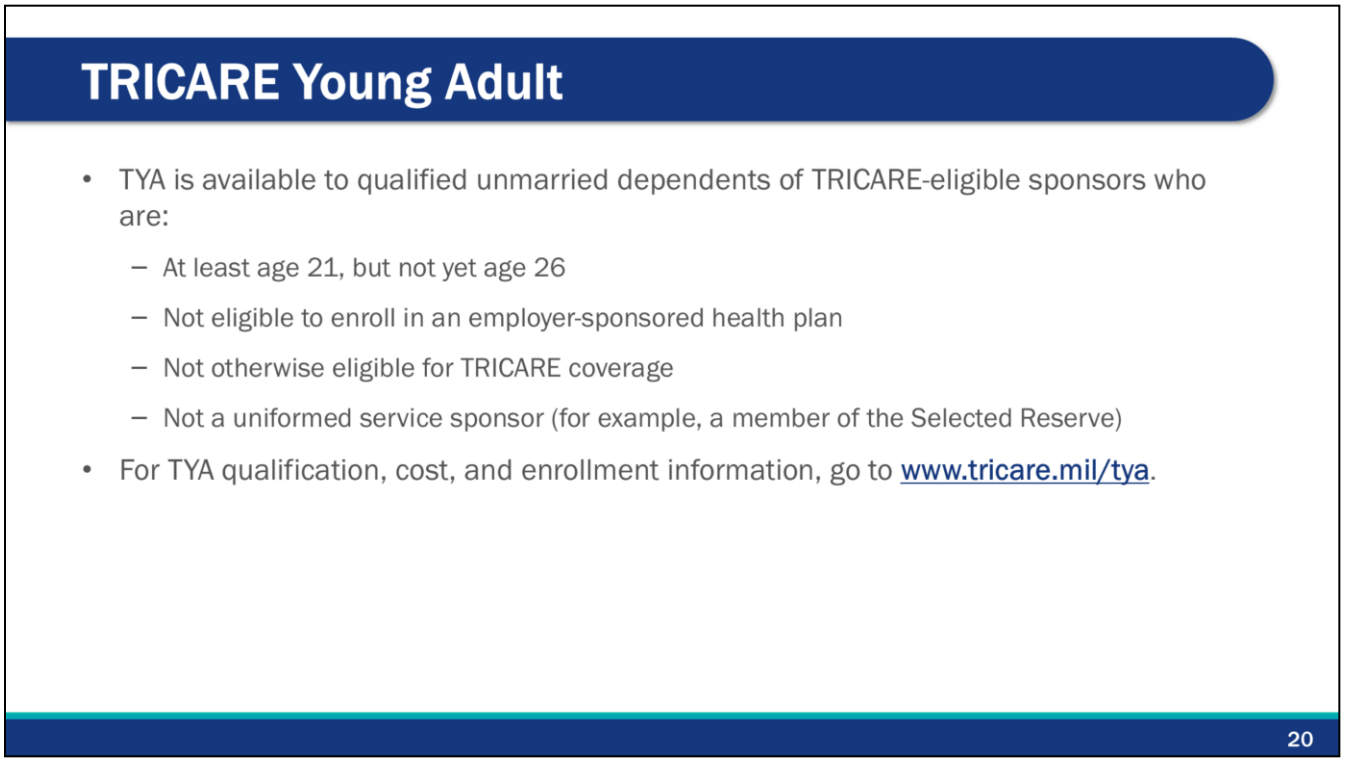
Note: For TAMP, Group A or Group B cost-shares or copayments apply based on when the sponsor was first enlisted or appointed.

- Sponsors and their family members are responsible for copayments. This is the amount you pay for TRICARE covered services, which vary depending on which providers are seen.
  - For the most up-to-date cost information, go to **www.tricare.mil/costs**.
- The catastrophic cap is the maximum amount you pay out of pocket for TRICARE covered services per calendar year. The catastrophic cap includes deductibles, cost-shares, copayments, and prescription copayments, but does **not** include TRS premiums paid prior to active duty.



- Enrollment is required for TRICARE Prime and TRICARE Select coverage of family members. There are three ways to enroll:
  - Enroll online through Beneficiary Web Enrollment. Log in to milConnect and click on the "Manage health benefits" button.
  - Call your regional contractor.
  - Download a form from the TRICARE website or your regional contractor's website and mail the completed and signed form to your regional contractor.
  - If overseas, you may submit an enrollment request at a TRICARE Service Center.

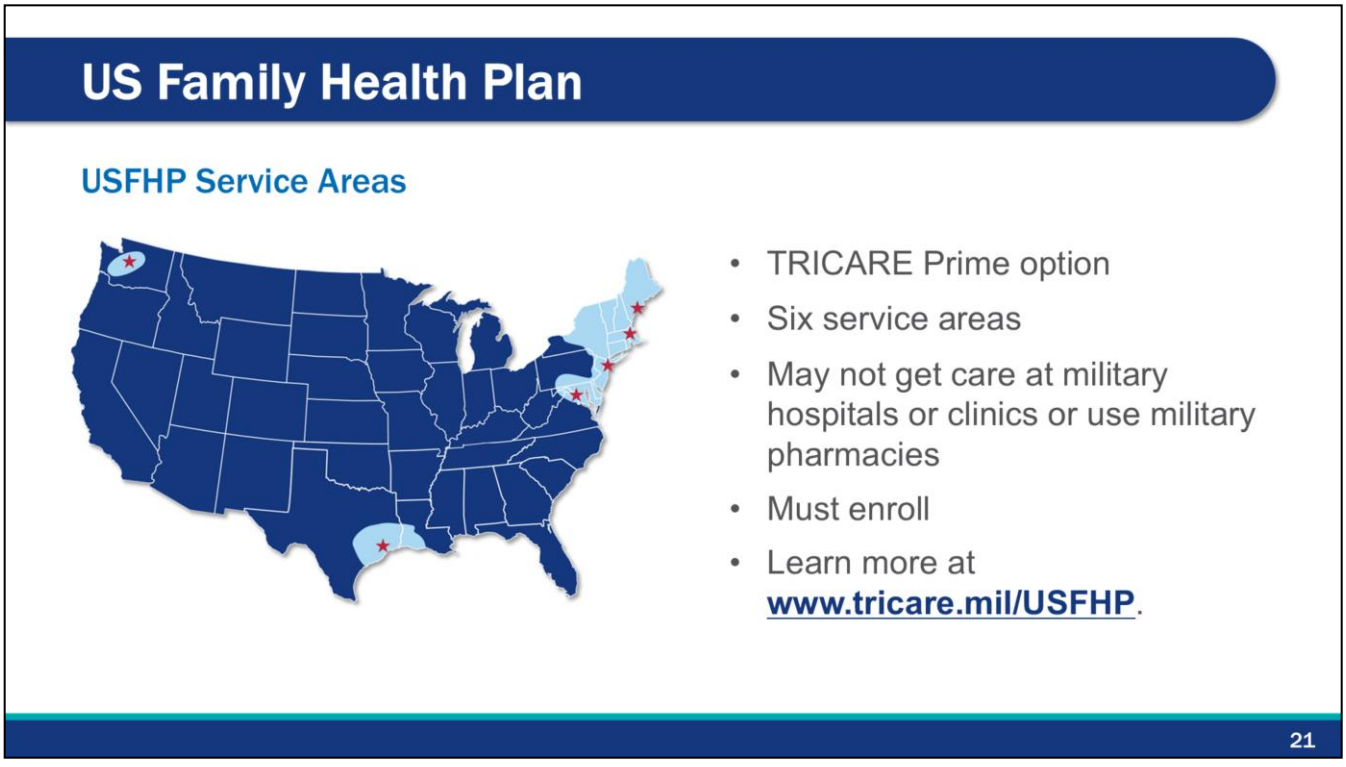
Note: TRICARE Prime is only available to eligible beneficiaries living in PSAs in the United States.



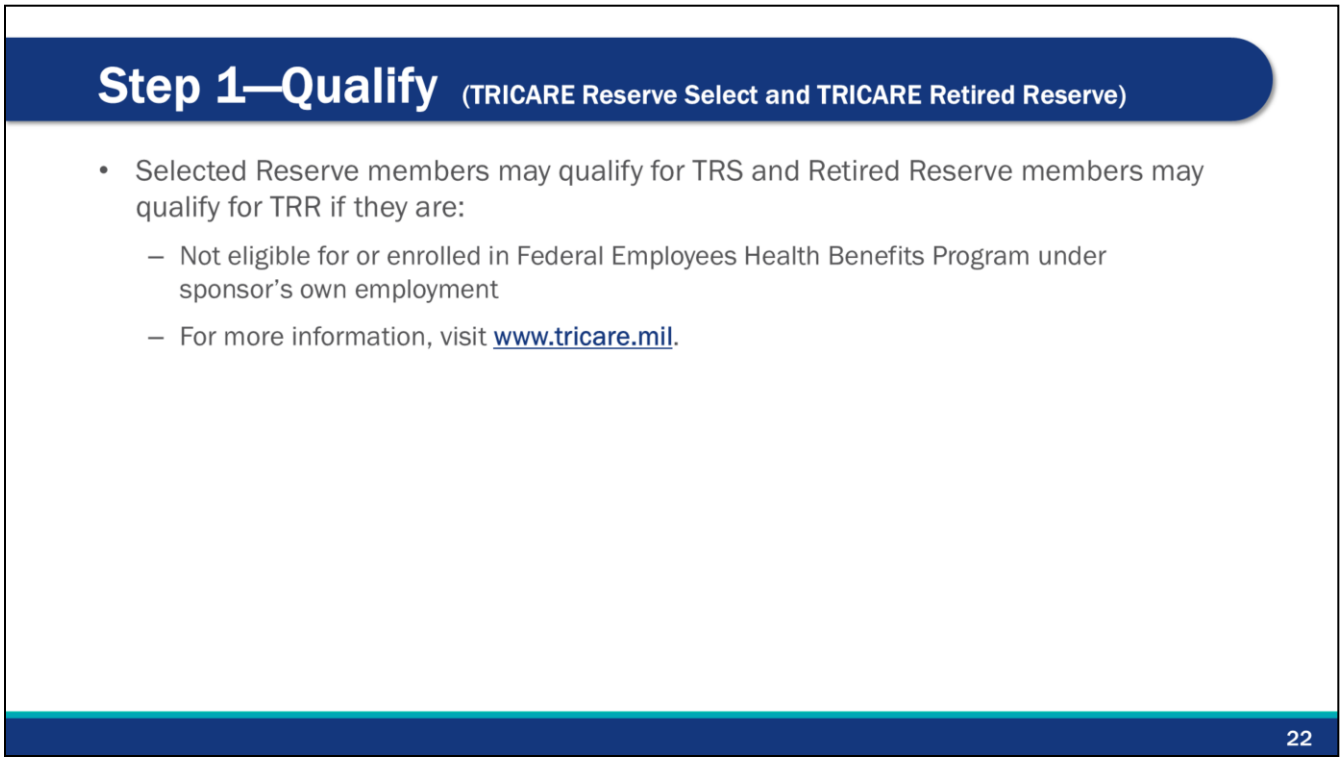
- The TYA plan is a premium-based health plan available for purchase by qualified unmarried dependents of TRICARE-eligible sponsors under age 60 who have purchased TRR. TYA offers TRICARE Prime and TRICARE Select coverage worldwide, and eligibility is determined by the sponsor's status.
- TYA includes medical and pharmacy benefits, but excludes dental coverage.
- Adult children may qualify to purchase TYA coverage if they are all of the following:
  - An unmarried dependent of a TRICARE-eligible sponsor
  - At least age 21, but not yet age 26
  - Not eligible to enroll in an employer-sponsored health plan based on their own employment status
  - Not otherwise eligible for TRICARE coverage
  - Not a uniformed service sponsor (for example, a member of the Selected Reserve)

Note: TYA enrollees have Group B cost-shares or copayments regardless of when the sponsor joined the military.

- For TYA qualification, cost and enrollment information, go to **www.tricare.mil/tya**.



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



- TRS and TRR are premium-based health plans available for purchase by qualified members of the Selected Reserve and Retired Reserve and their families.

Note: Former spouses and remarried surviving spouses do not qualify to purchase TRS.

- TRS and TRR are comprehensive health plans similar to TRICARE Select and TRICARE Select Overseas.
- You won't qualify for TRS or TRR if you're eligible for or enrolled in the Federal Employees Health Benefits, or FEHB, Program under the sponsor's own employment.

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

- To determine qualification, visit **https://milconnect.dmdc.osd.mil**.

Note: Contact your Reserve component personnel office with any questions regarding qualifying for TRS or TRR.

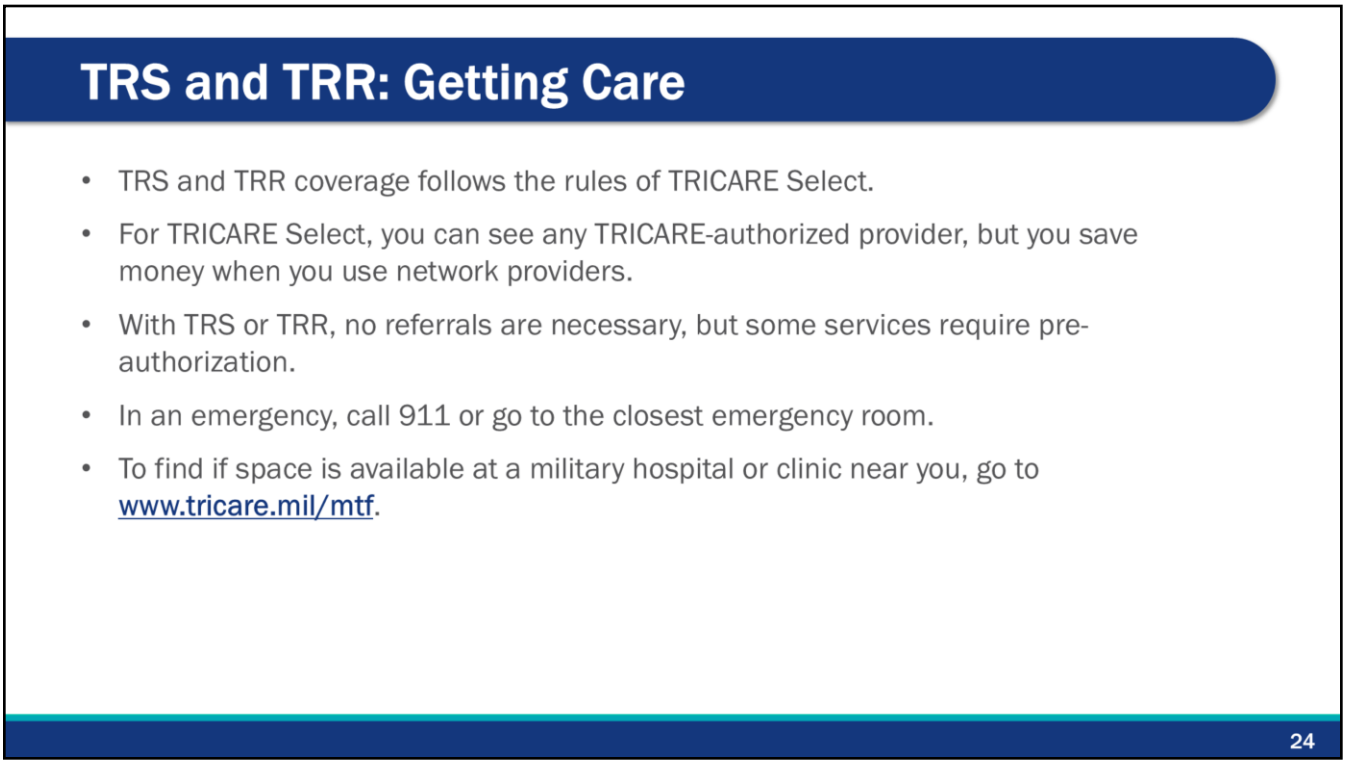
- Upon reaching age 60 and collecting retirement pay, TRR members are disenrolled from TRR. They become eligible for other TRICARE programs as retirees.
- If you don't enroll in a TRICARE plan within 90 days of your retirement, you won't be able to get TRICARE coverage until the next TRICARE Open Season or you or a family member has a Qualifying Life Event.
- If you don't enroll in a TRICARE plan, you may only get health care services at military hospitals or clinics if space is available. You can only fill prescriptions at military pharmacies. To find the closest military hospital or clinic, visit **www.tricare.mil/mtf**.

- With TRS or TRR, you can purchase member-only or member-and-family coverage.
- Your options for purchasing coverage include:
  - Online at **https://milconnect.dmdc.osd.mil**
  - Calling your regional contractor
  - Mailing a signed *Reserve Component Health Coverage Request Form* (DD Form 2896-1), along with the premium payment amount indicated on the form. The initial payment required is two months of premiums.
  - In person overseas at a TRICARE Service Center
- You can access milConnect by using:
  - Common Access Card, or CAC
  - Defense Finance and Accounting Service, or DFAS, myPay PIN
  - DS Logon

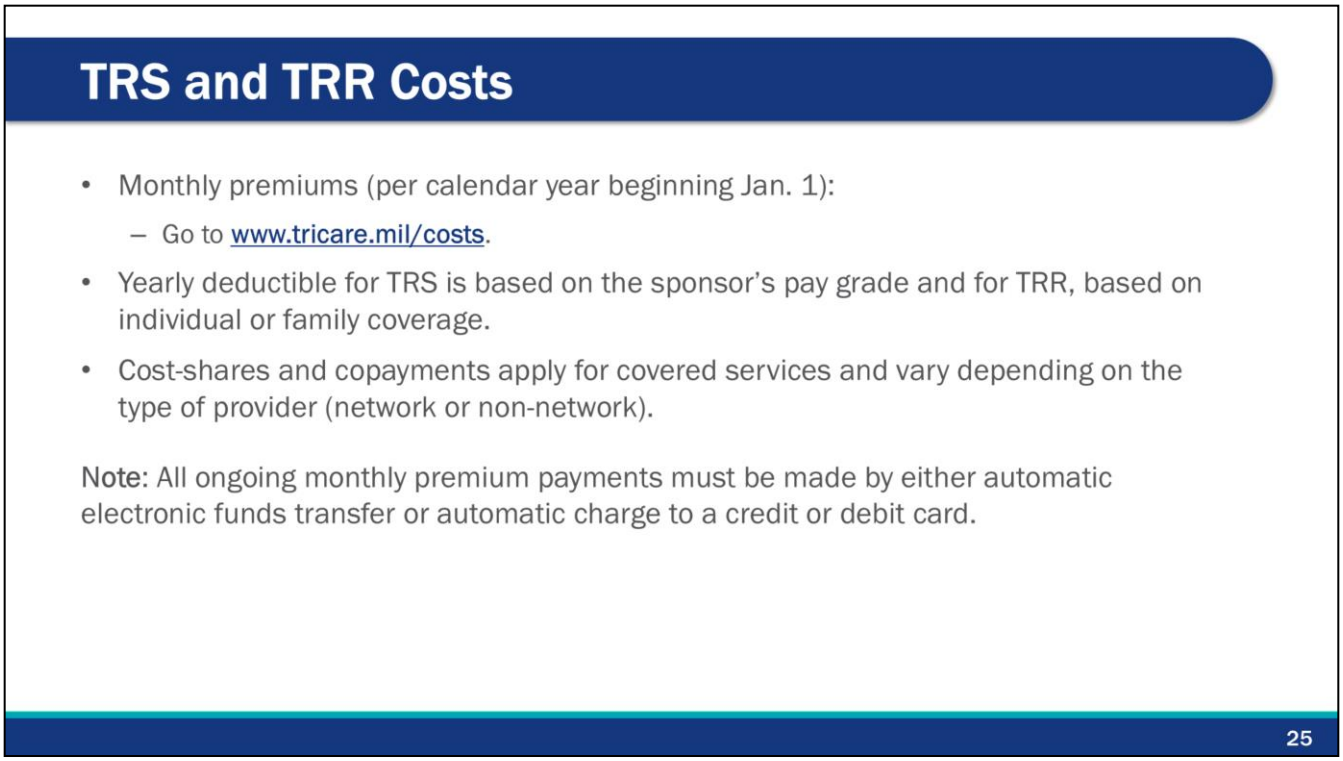
Note: To receive a DS Logon premium account, service members and retirees with a CAC or DFAS myPay PIN may request a DS Logon for themselves and eligible family members:

- Via the DS Access Center at **https://myaccess.dmdc.osd.mil/dsaccess**
- At a Veterans Affairs Regional Office after completing an in-person proofing process
- At a DoD ID card-issuing facility when obtaining a military ID card

Note: For TRS, to ensure continuous coverage for members who become eligible for benefits under TAMP, submit a TRS application up to 60 days before or no later than 90 days after TAMP ends. For TRR, if enrolled in another TRICARE plan, submit a TRR request within 90 days of the other TRICARE plan ending to ensure continuous coverage.



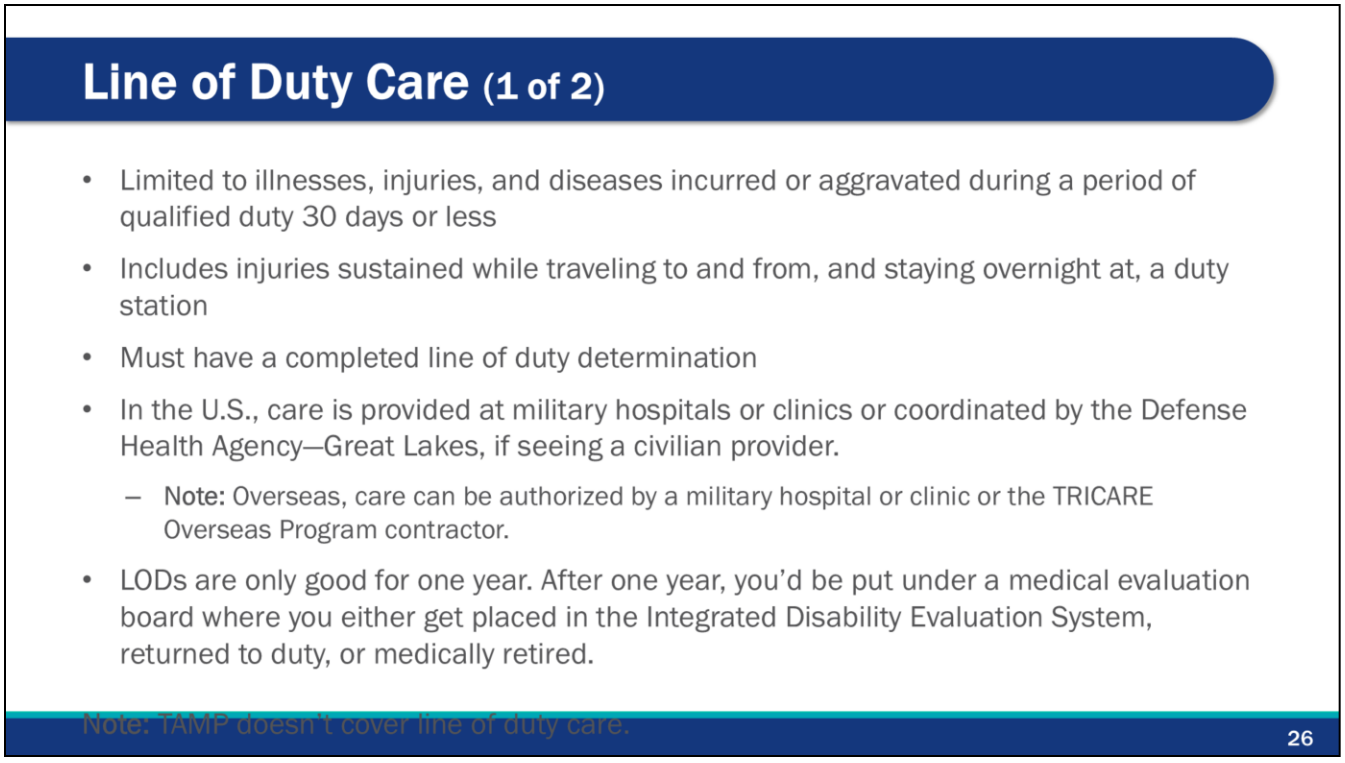
- Once purchased, coverage under TRS and TRR follow the rules of TRICARE Select, if in the U.S., and TRICARE Select Overseas.
- TRS and TRR members have the flexibility to go to any TRICARE-authorized provider.
- When using TRICARE Select, find a network or non-network TRICARE-authorized provider for care.
- Non-network TRICARE providers 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 non-network providers 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.
- Although referrals aren't required for most health care services, some services require pre-authorization to determine medical necessity.
  - Go to your regional contractor's website for information about pre-authorization requirements.
- In an emergency, call 911 or go to the closest emergency room.
  - Referral or pre-authorization isn't required. But if you're admitted, your regional contractor must be notified within 24 hours or on the next business day to coordinate ongoing care.
- TRS and TRR members may also get care at military hospitals and clinics if space is available, but space can be very limited. Go to **www.tricare.mil/mtf** to find a military hospital or clinic near you.



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

Note: All ongoing TRS and TRR monthly premium payments must be made by either an automatic electronic funds transfer or automatic charge to a credit or debit card. Contact your regional contractor to set up automatic payments. Payments are due no later than the last day of each month and are applied to the following month's coverage. Failure to pay premiums may result in a suspension or termination of coverage, and a 12-month lockout.

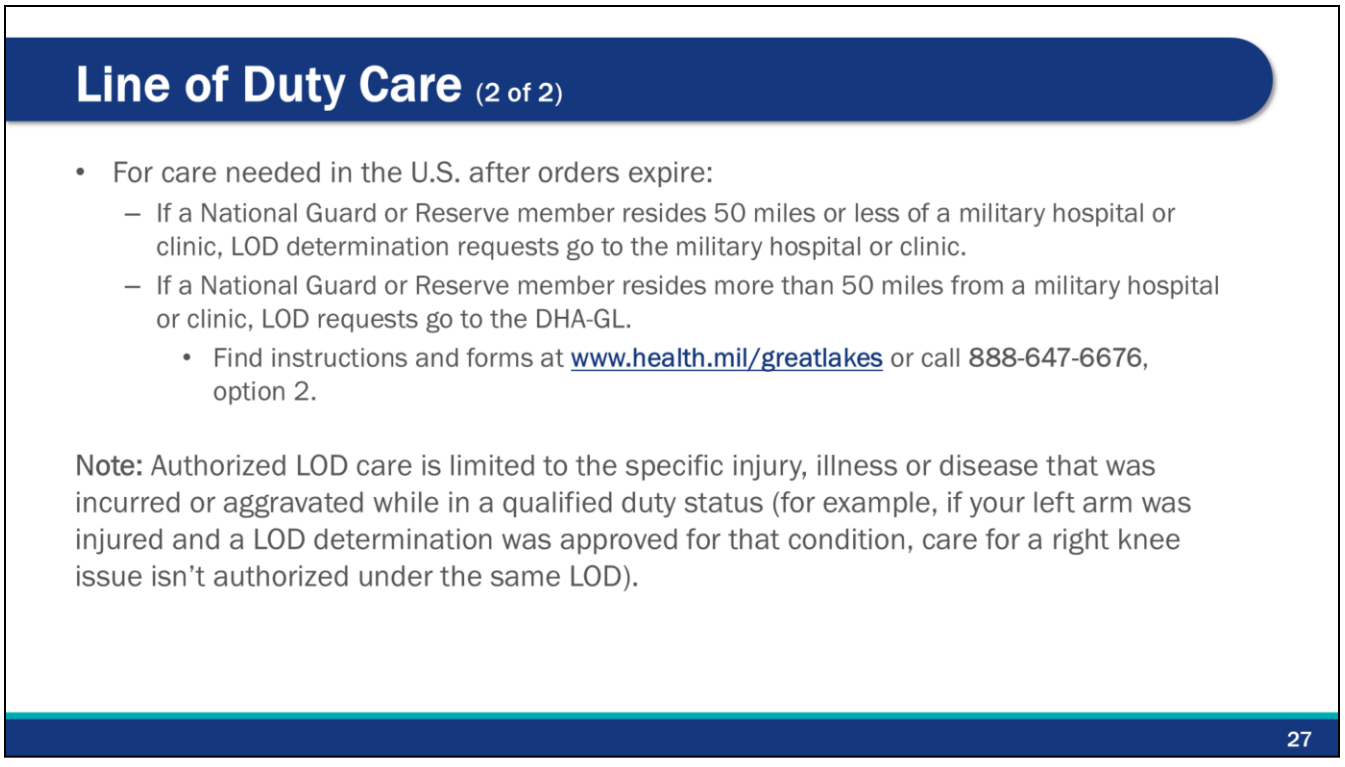
- The yearly deductible is the fixed amount you pay for covered services each calendar year before TRICARE pays anything.
- You're responsible for cost-shares. This is the percentage of the total cost of a covered health care service that is paid, which varies if seeing a network or a non-network provider.
- Non-network TRICARE providers can choose to accept TRICARE rates, or "participate" in TRICARE, on a claim-by-claim basis. Non-network nonparticipating providers can charge up to 15% above the TRICARE-allowable rate.
- The catastrophic cap is the maximum amount you pay out-of-pocket for TRICARE covered services per calendar year. The cap includes deductibles, cost-shares, copayments, and prescription copayments, but it does **not** include monthly premiums or costs incurred by seeking care without pre-authorization.
- For the most up-to-date TRS and TRR cost information, go to **www.tricare.mil/costs**.



- During inactive duty period, National Guard and Reserve members may also be eligible for line of duty, or LOD, care.
- A line of duty injury, illness or disease is determined to have been incurred or aggravated incurred or aggravated during a period of qualified duty 30 days or less, including injuries sustained while traveling to and from, and staying overnight at, a duty station while on inactive duty for training or active duty orders for a period of 30 days or less.
- Your command unit must issue a completed line of duty determination for you to get care. Because you won't otherwise appear as TRICARE-eligible in DEERS, your unit/command medical representative must provide the line of duty documentation to the Defense Health Agency—Great Lakes, or DHA-GL, or your military hospital or clinic, before you seek care, if seeing a civilian provider.
- Most line of duty care is delivered through military hospitals and clinics. If there is not a military hospital or clinic nearby, your unit/command medical representative will work closely with the DHA-GL to coordinate your care.
- LODs are only good for one year. After one year, you would be put under a medical evaluation board where you either get placed in the Integrated Disability Evaluation System, returned to duty, or medically retired.
- For more information, contact your command unit. All requests for line of duty care must be coordinated through and initiated by your unit.

Note: TAMP does **not** cover line of duty care. When getting line of duty care, provide

eligibility documentation when you get service to avoid incurring costs associated with other TRICARE coverage.

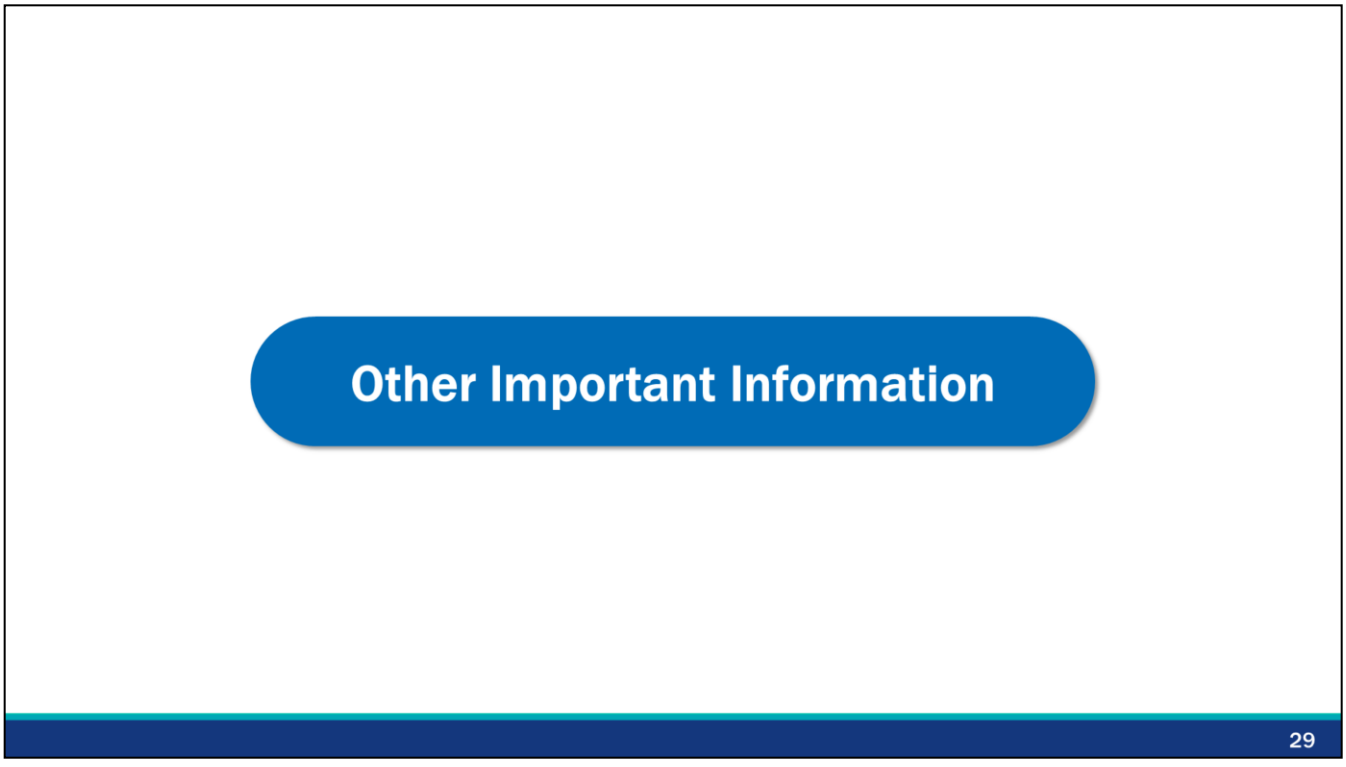


- If further medical care is needed relating to an injury, illness or disease that was incurred or aggravated while in a qualified duty status and after orders expire, a line of duty determination must be initiated by your command unit.
- If you need care during the line of duty review and investigation, it can be preauthorized by the military hospital or clinic (for National Guard and Reserve members residing 50 miles or less of a military hospital or clinic) or by DHA GL (for National Guard and Reserve members residing more than 50 miles from a military hospital or clinic).
- An LOD requiring care must be incurred or aggravated while in a qualified duty status (performing military service).
  - Medical conditions not incurred or aggravated while in a qualified duty status are not authorized for treatment and claims payment under LOD.
  - Clinical documentation of the condition must accompany the line of duty form and preauthorization requests.
- If you're remote:
  - Call **888-647 6676**. Choose option 1 for pre-authorization, or option 2 for LOD eligibility and claims.
  - Army National Guard and Reserve members should submit line of duty documentation through eMMPS (line of duty module).
  - Other National Guard and Reserve units should send remote LOD pre-authorization requests to the MMSO NPE boxes as listed on **www.health.mil/greatlakes** Overseas, care can be authorized by a military hospital or clinic or the TRICARE Overseas contractor.

- If a National Guard or Reserve member does not [illegible] of the TAMP period, he or she may qualify for the CHCBP.

Note: CHCBP is not their sole option for health care after loss of TAMP coverage. You may be eligible for other options such as employer sponsored coverage, marketplace coverage, college-sponsored plans or others.

- CHCBP is a premium-based health care program that provides 18 to 36 months of transitional health care coverage for service members released from active duty, eligible family members and others.
- CHCBP is similar to, but not part of, TRICARE.
  - The service member can choose to purchase an individual or family plan.
  - CHCBP allows the freedom to choose providers.
- Enroll in CHCBP within 60 days of losing TAMP or other military coverage and make premium payments for continuous coverage.
- To enroll:
  - Complete the *Continued Health Care Benefit Program Application*, which is *DD Form 2837*, available at **www.tricare.mil/forms**.
  - Include documentation verifying the loss of eligibility for military health care, such as a *Certificate of Release* or *Discharge from Active Duty.*
  - Include a premium payment for the first 90 days of coverage.



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

Priority for Access to Military Hospitals and Clinics

	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 enrolled in TRICARE Select and TRS members
5	All others enrolled in TRICARE Select, TRICARE Plus, or direct care only (not enrolled in any TRICARE health plan but eligible)

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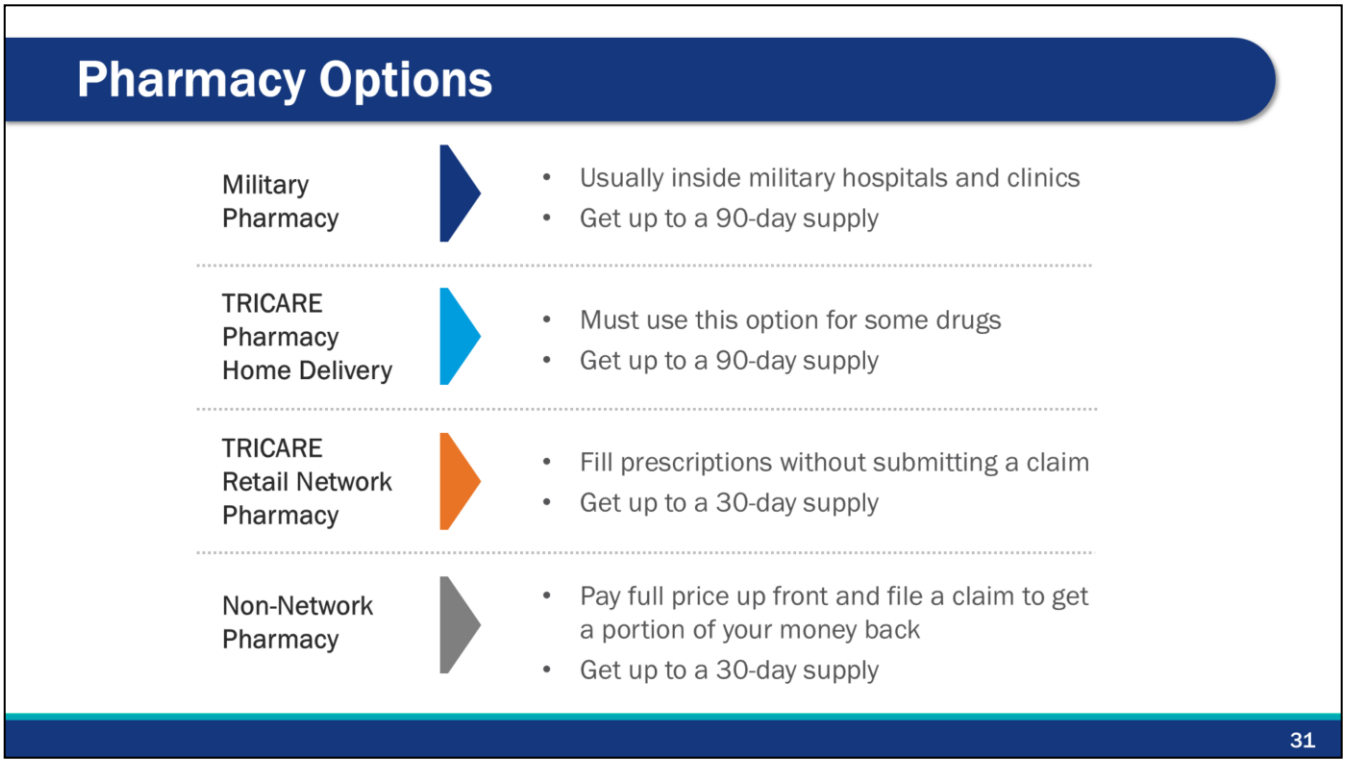
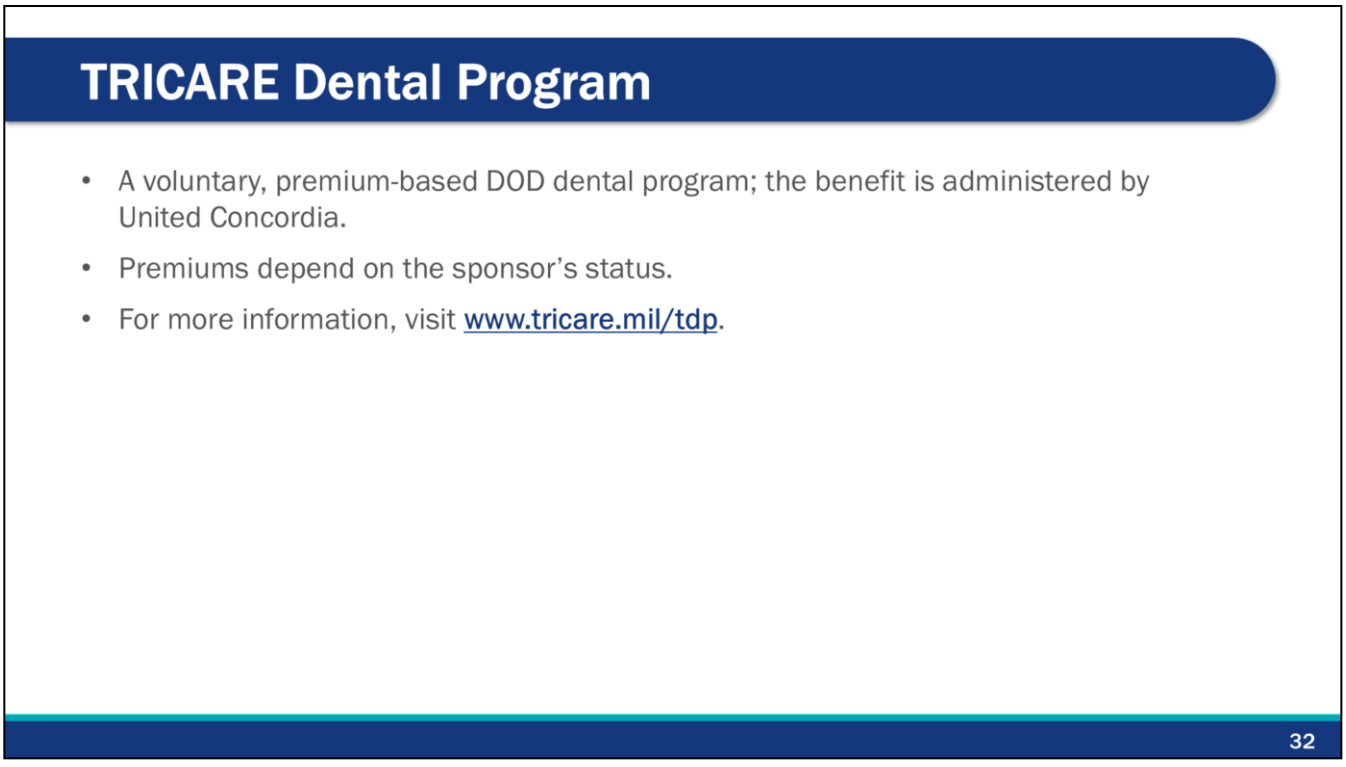
- Military hospitals and clinics grant access to care if space is available.
- ADSMs and National Guard and Reserve members who have been called or ordered to active duty for more than 30 days for a preplanned mission or in support of a contingency operation always have first priority for care.
- After that, the priority is based on beneficiary category and program option.
- ADFMs enrolled in TRICARE Prime will have second priority, and space is limited for family members covered by TRICARE Select.
- All others enrolled in TRICARE Select, TRICARE Plus, or direct care only (not enrolled in any TRICARE health plan, but eligible) are seen at military hospitals and clinics if space is available.

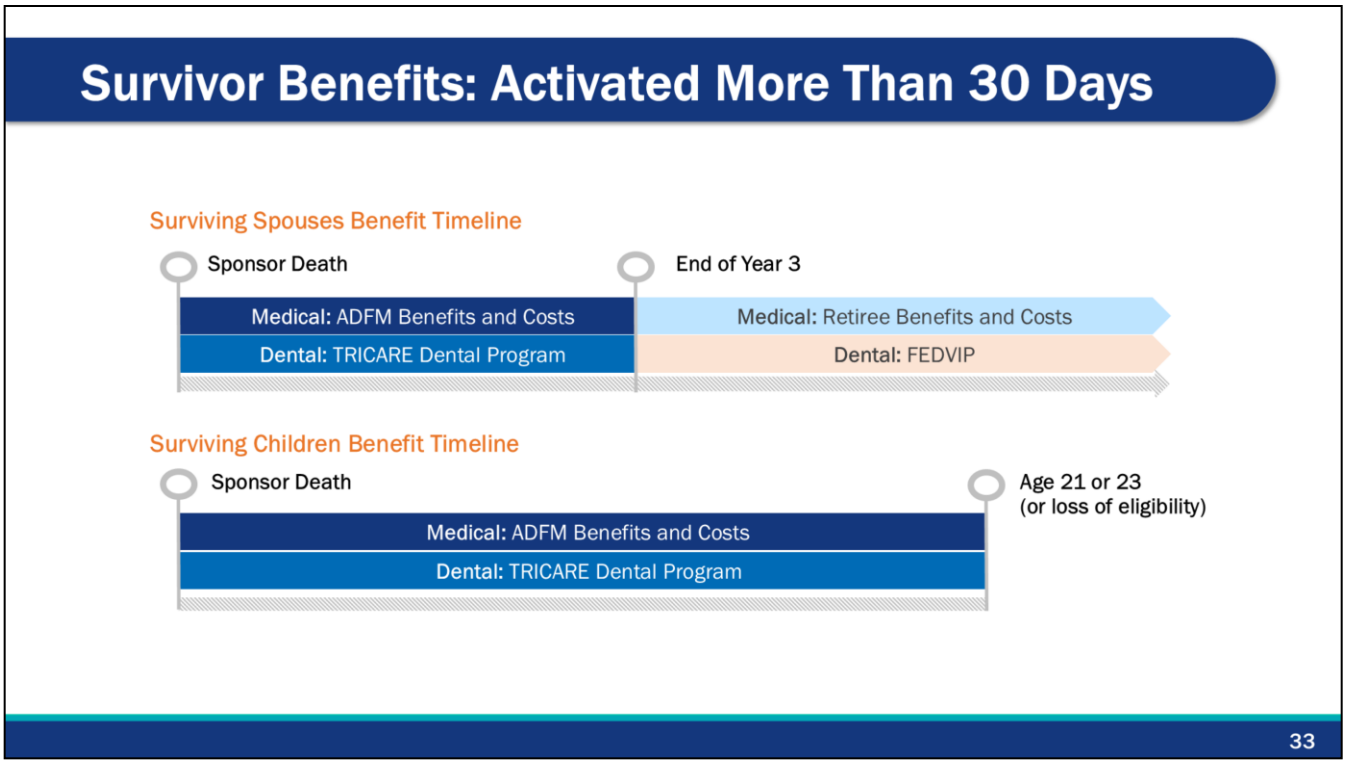


- TRICARE offers prescription drug coverage and many options for filling your prescriptions. Your options depend on the type of drug your provider prescribes. The TRICARE pharmacy benefit is administered by Express Scripts. To learn more, visit **https://militaryrx.express-scripts.com** or call **877-363-1303**.
- You have the same pharmacy coverage with any TRICARE plan option. If you have USFHP, you have separate pharmacy coverage and can't use the military pharmacy options or Express Scripts. USHFP has its own equivalents for these options.
- To fill a prescription, you need a prescription and a valid Uniformed Services ID card or Common Access Card.
- This slide shows the options that may be available for filling your prescriptions:
  - Military pharmacies are usually inside military hospitals and clinics. Call your local military pharmacy to check if your drug is available.
    Visit **www.tricare.mil/militarypharmacy** for more information.
  - The TRICARE Pharmacy Home Delivery option must be used for some drugs. You'll pay one copayment for each 90-day supply. For more information on switching to home delivery, visit **https://militaryrx.express-scripts.com** or call **877-363-1303**.
  - You may fill prescriptions at TRICARE retail network pharmacies without having to submit a claim. You'll pay one copayment for each 30-day supply.
    Visit **www.tricare.mil/networkpharmacy** to find a TRICARE retail network pharmacy.
  - At non-network pharmacies, you pay the full price for your drug up front and file a claim to get a portion of your money back.
- Your pharmacy will most often fill your prescription with a generic drug. If you need a brand-name drug, your provider can send a request to Express Scripts.

- For more information and costs, visit **www.tricare.mil/pharmacy**.



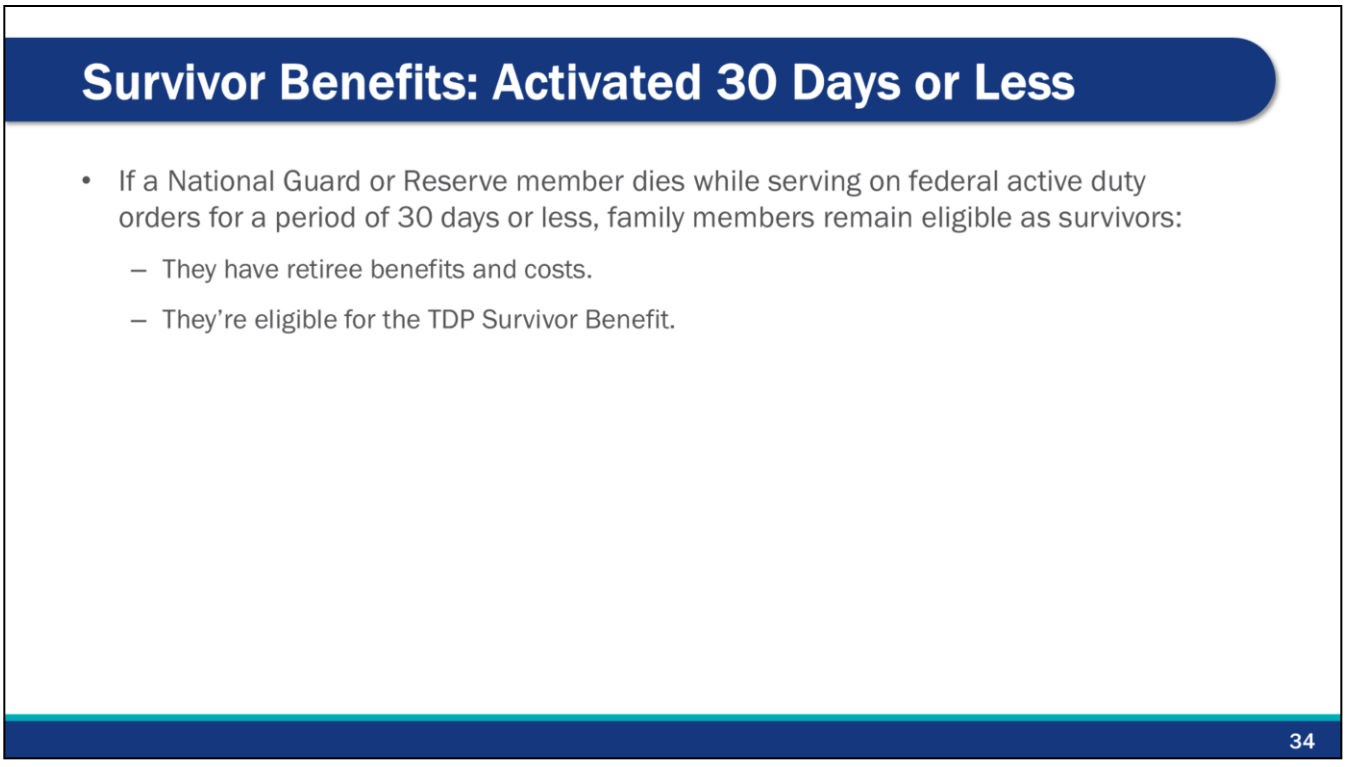
- The TRICARE Dental Program, or TDP, is a voluntary, premium-based DOD program. The benefit is administered by United Concordia. The TDP offers continuous dental coverage for family members throughout the sponsor's changing status.
  - Former spouses and remarried surviving spouses don't qualify to purchase the TDP.
- Monthly premiums are based on the sponsor's military status.
- National Guard and Reserve members who are not covered under TAMP and who were enrolled in the TDP before activation will be automatically reenrolled after deactivation.
- Family members who were enrolled in the TDP during activation may continue coverage uninterrupted at the increased National Guard and Reserve family member premium rate after deactivation.
- Care is provided by participating dental care providers. To find a dental care provider, visit the TDP website, or get care from a nonparticipating dental care provider, which may result in higher costs.
- For more information, go to **www.tricare.mil/tdp** or call **844-653-4061** (CONUS) or **844-653-4060/717-888-7400** (OCONUS).



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

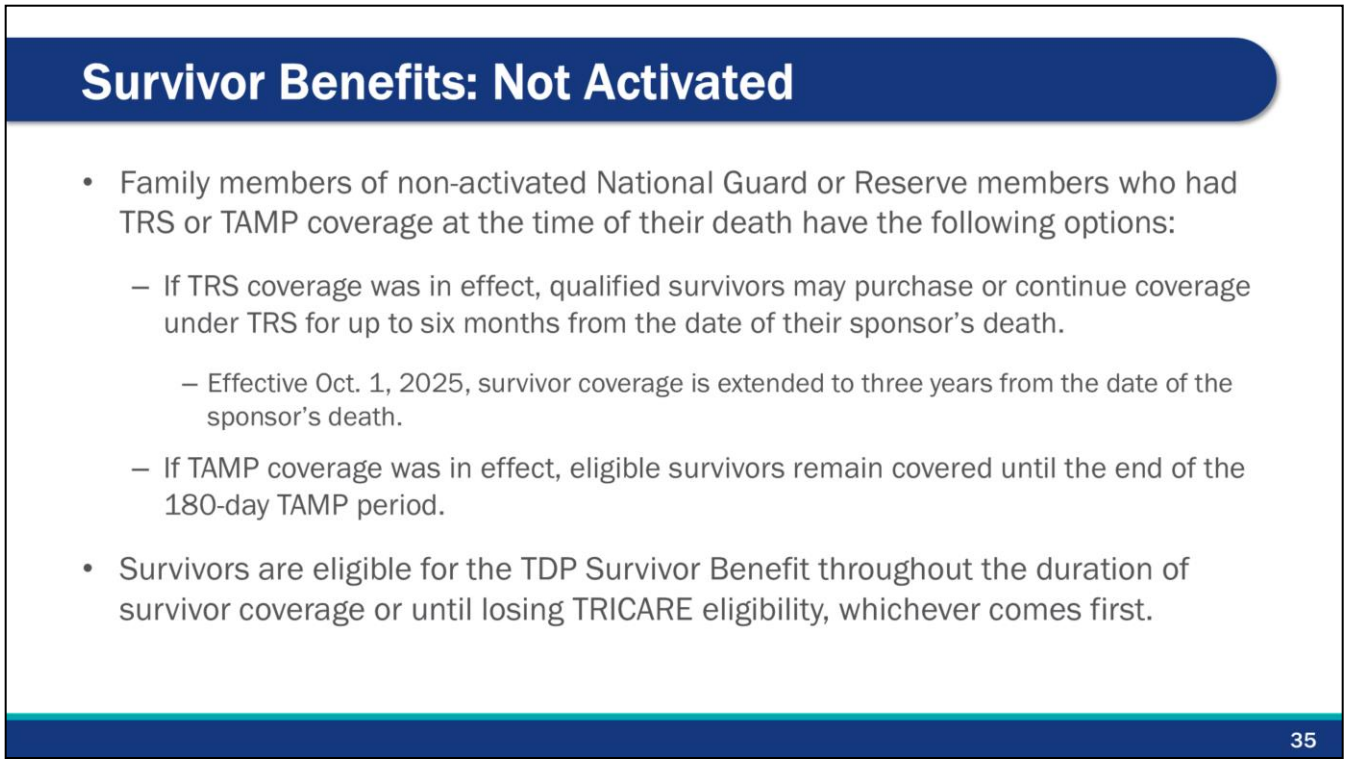
Note: Surviving spouses remain eligible for survivor benefits unless they remarry and surviving children remain eligible until they age out, marry or otherwise lose their TRICARE eligibility. The FEHB Program exclusion doesn't apply.

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



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

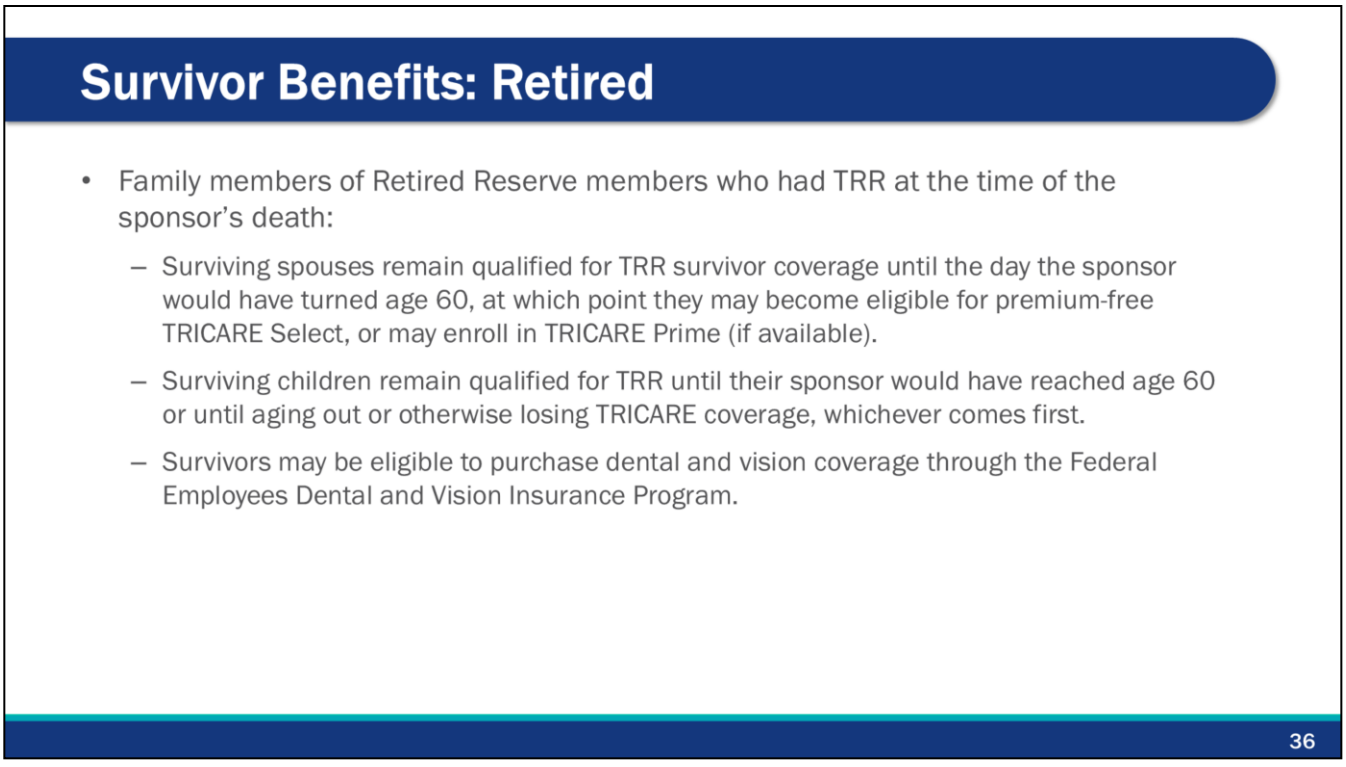
Note: The FEHB Program exclusion doesn't apply.



- Family members of non-activated National Guard or Reserve members who had TRS or TAMP coverage at the time of their death have the following options:
  - If TRS coverage was in effect, qualified survivors may purchase or continue coverage under TRS for up to six months from the date of their sponsor's death.
    - Effective Oct. 1, 2025, survivor coverage is extended to three years from the date of the sponsor's death.
  - If TAMP coverage was in effect, eligible survivors remain covered until the end of the 180-day TAMP period.

Note: The FEHB Program exclusion doesn't apply.

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



- If you're a survivor of a Retired Reserve member who had TRR coverage at the time of his or her death, you may qualify for TRICARE survivor coverage.
- Surviving spouses remain qualified for TRR survivor coverage until the day the sponsor would have turned age 60, at which point they must elect to enroll in TRICARE Select (enrollment fees may apply) or TRICARE Prime, if available (enrollment fees apply).
  - Coverage continues as long as DEERS information is up to date or until eligibility ends (for example, at the time the sponsor would have reached age 60 or earlier if a spouse remarries).
  - If you aren't enrolled in TRR at the time of your sponsor's death and you qualify, you may purchase TRR survivor coverage after your sponsor's death. Coverage may be purchased at any time after the sponsor's death, provided the sponsor wouldn't have reached age 60 at the time of purchase.
- Surviving children are eligible for TRR until their sponsor would have reached age 60 or until they age out, marry or otherwise lose their TRICARE eligibility. Children who age out of TRICARE may qualify to purchase TYA coverage.

Note: The FEHB Program exclusion doesn't apply.

- Survivors may be eligible to purchase dental and vision coverage through the Federal Employees Dental and Vision Insurance Program, or FEDVIP. For more information, go to **www.benefeds.com**.

The Affordable Care Act

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

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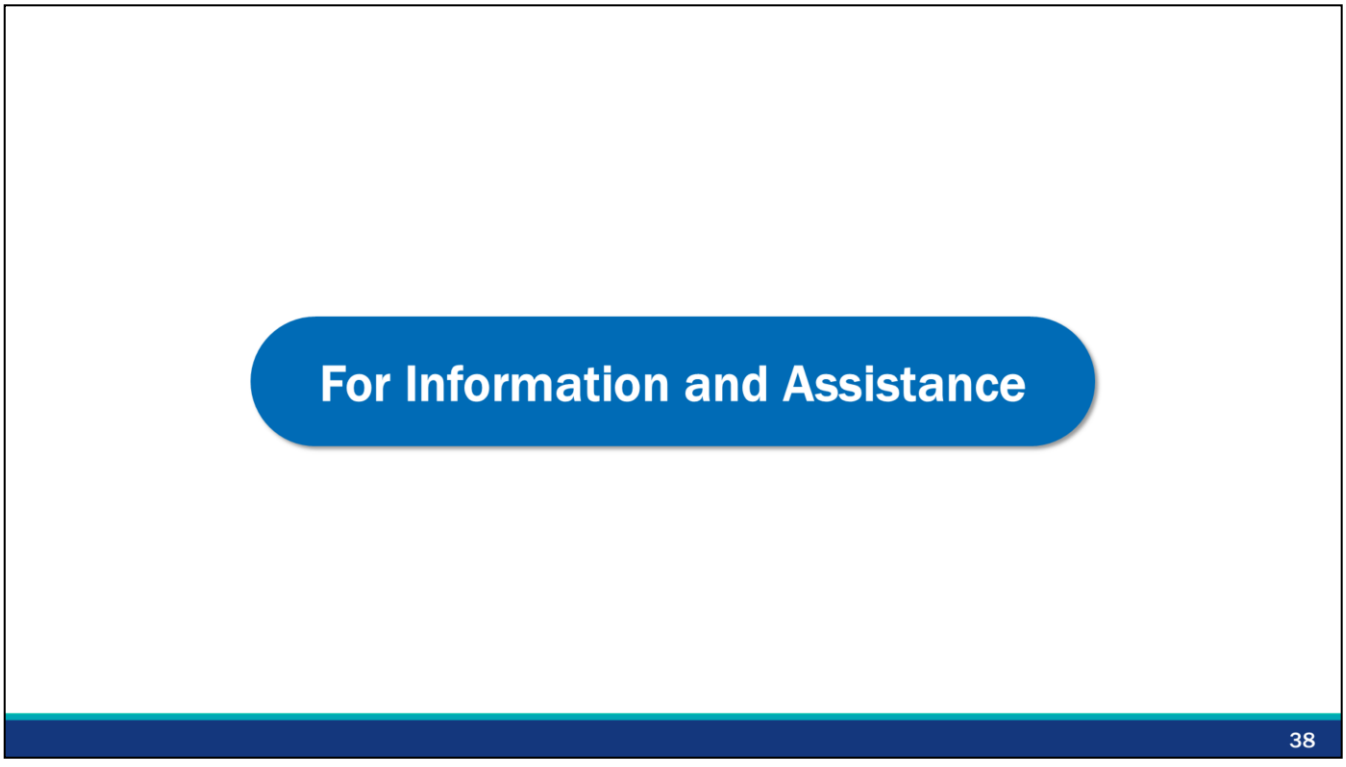
- The Affordable Care Act, or ACA, requires most Americans to maintain basic health care coverage, called minimum essential coverage.
- Most TRICARE plans meet the Affordable Care Act requirement for minimum essential coverage.
- Each tax year, you'll get an Internal Revenue Service, or IRS, Form 1095 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**.



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

Contact 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 Region
  International SOS Government Services, LLC
  www.tricare-overseas.com/contact-us

Dental Contractor

- TRICARE Active Duty Dental Program
  United Concordia Companies, Inc.
  CONUS: 866-984-2337
  OCONUS: 844-653-4058 (using country-specific access codes)
  www.addp-ucci.com
- TRICARE Dental Program
  United Concordia Companies, Inc.
  CONUS: 844-653-4061
  OCONUS: 844-653-4060
  www.uccitdp.com

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- This slide shows contact information for stateside and overseas regional contractors. Remember, your contractor point of contact is based on where you live.
- Contact information for the Active Duty Dental Program and the TRICARE Dental Program contractor is also here.

Resources

- TRICARE Website: www.tricare.mil

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

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- Lastly, here are a few important information resources.