

TRICARE® Benefits/Programs for National Guard and Reserve Members During Deactivation

Your Options for Care After Deactivation

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Today's Agenda

- What Is TRICARE?
- TRICARE Eligibility
- Medical Coverage
- Other Important Information
- For Information and Assistance

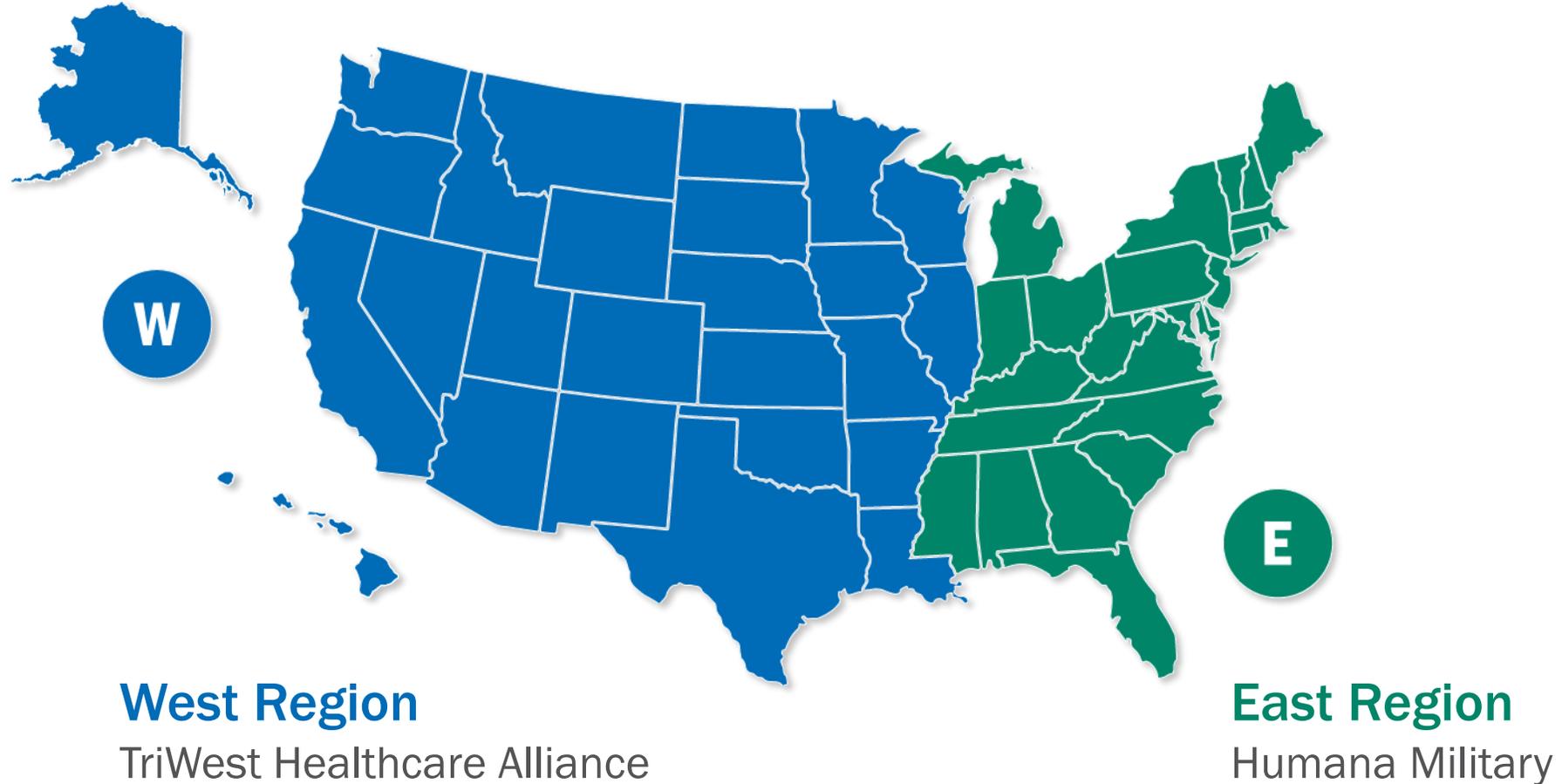
What Is TRICARE?

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.

TRICARE Stateside Regions



West Region

TriWest Healthcare Alliance

East Region

Humana Military

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



TRICARE Eligibility

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>.

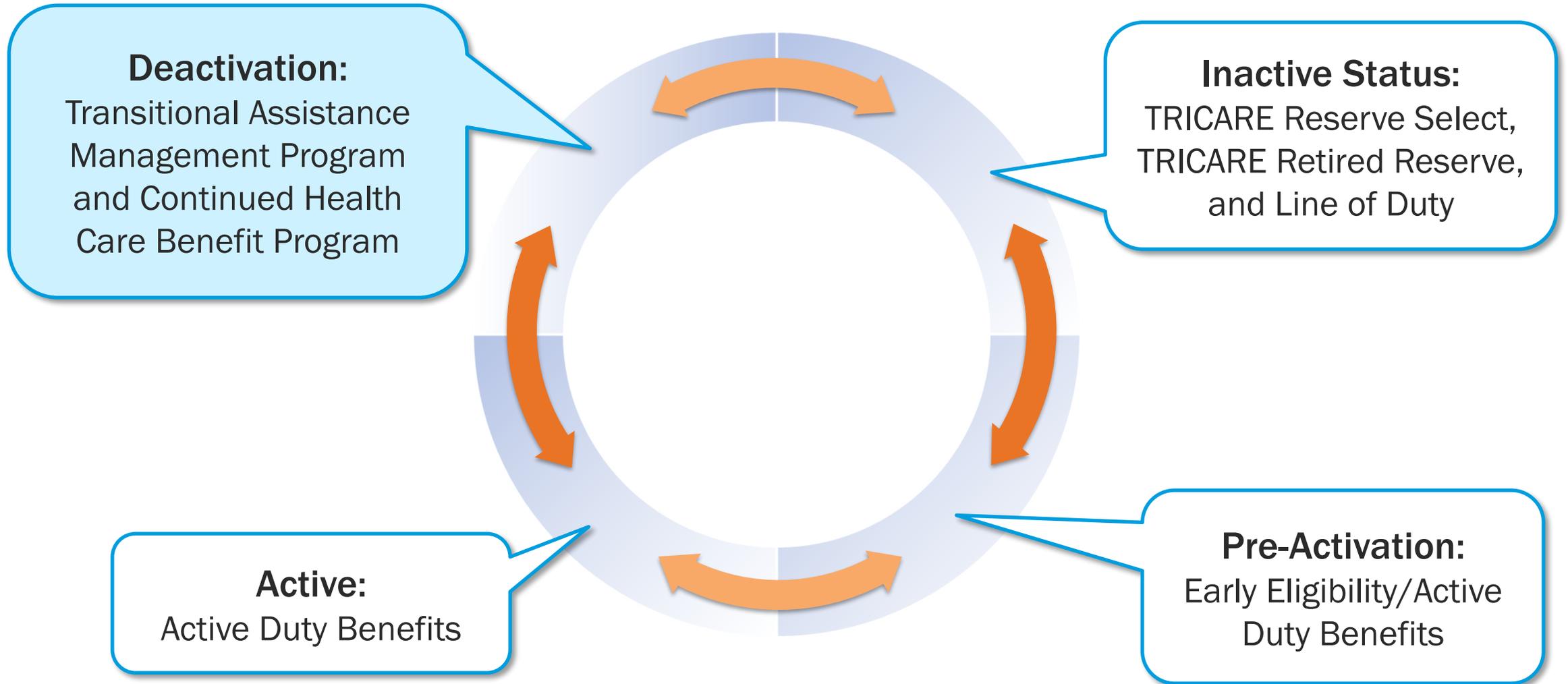


Call 800-538-9552.



Fax 800-336-4416.

Coverage Lifecycle



Medical Coverage

Transitional Assistance Management Program

- National Guard and Reserve members called or ordered to active duty for more than 30 days
- 180 days of transitional health care benefits
- Begins the day after separating from active duty
- All beneficiaries covered as ADFMs—including the service member
- Reenrollment necessary for TRICARE Select or TRICARE Prime (where locally available)

Note: TAMP doesn't cover line of duty care.

TAMP: Program Options

- TRICARE Select: Available worldwide
- TRICARE Prime: Available in Prime Service Areas in the U.S. and areas near military hospitals or clinics overseas
- US Family Health Plan: Available in six designated areas in the U.S.
- Overseas information: www.tricare.mil/overseas

Note: TRICARE Prime Remote coverage isn't available during TAMP.

TRICARE Prime: Getting Care

- Affordable and comprehensive health care coverage
- TRICARE network provider or primary care manager delivers most routine care.
- PCM coordinates specialty care (referrals required).
- For emergencies, call 911 or go to the nearest emergency room.

TRICARE Prime: Costs for ADSMs and ADFMs

- No enrollment fees, deductibles, cost-shares, or copayments.
- Pharmacy copayments apply when using retail pharmacies
- Point-of-service option available for out-of-pocket costs
- Catastrophic cap per family for covered medical services

TRICARE Select

- Enrollment is required.
- Annual deductible, cost-shares, and copayments apply.
 - Go to www.tricare.mil/costs.
- Save money by seeing a TRICARE-authorized network provider.
- Pre-authorization is required for some services.
 - Check your regional contractor's website.
- For more information, go to www.tricare.mil/select

TRICARE Select: Getting Care

- For TRICARE Select, find a TRICARE-authorized network provider:
 - Go to www.tricare.mil/finddoctor.
 - Call your regional contractor.
 - Ask your provider's office if they accept TRICARE.
 - If not, invite the provider to become TRICARE-authorized.
 - Give the provider your regional contractor's phone number or send them to www.tricare.mil/providers.

Beneficiary Categories: Group A and Group B

- All beneficiaries fall into one of two categories based on when you or your sponsor entered the uniformed services.

Group A

If your or your sponsor's initial enlistment or appointment occurred **before** Jan. 1, 2018

Group B

If your or your sponsor's initial enlistment or appointment occurred **on or after** Jan. 1, 2018

- The groups pay different costs and fees.
 - Group A beneficiaries enrolled in a premium-based plan (TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE Young Adult, or the Continued Health Care Benefit Program) follow Group B deductibles, cost-shares, copayments, and catastrophic caps.

TRICARE Select: Costs

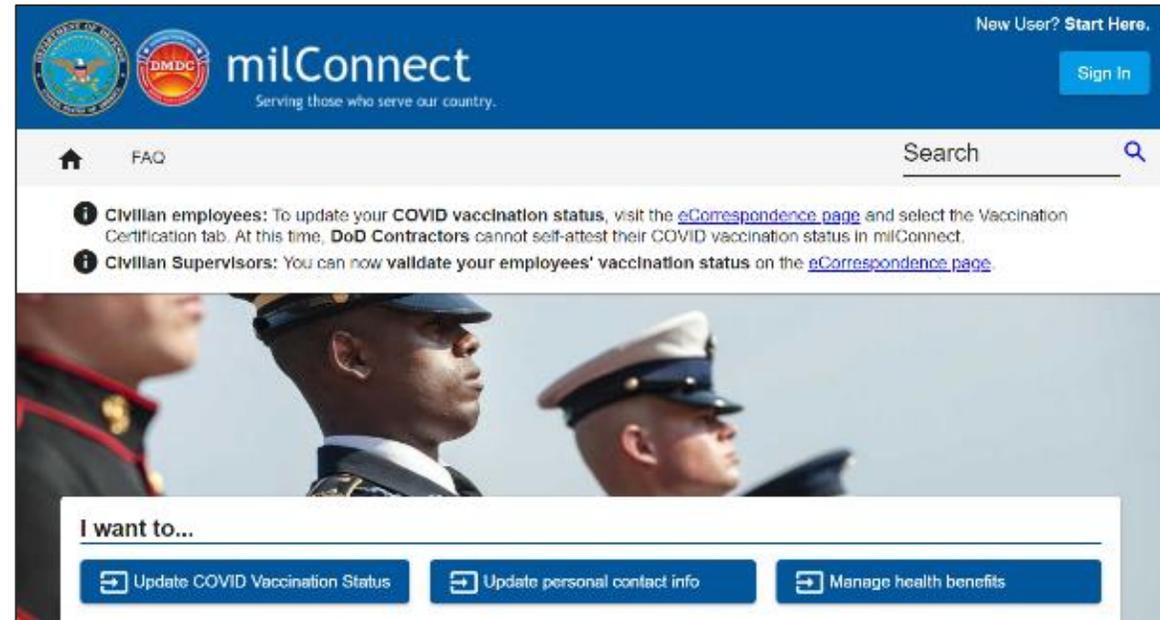
- The TRICARE Select yearly deductible is waived for National Guard and Reserve family members of sponsors called or ordered to active duty for more than 30 days.
- The yearly deductible is based on the sponsor's pay grade (either E-4 and below or E-5 and above)
- Catastrophic cap per family for covered medical services
- There is no cost for preventive services for Group A and Group B.
- For the most up-to-date cost information, go to www.tricare.mil/costs.

TRICARE Prime and TRICARE Select: Enrollment

Three ways to enroll:

- Enroll online at:
<https://milconnect.dmdc.osd.mil>.
- Call your regional contractor.
- Fill out the TRICARE Prime or TRICARE Select enrollment form for your region:
www.tricare.mil/forms.

If you're overseas, you can also visit a TRICARE Service Center.



TRICARE Young Adult

- TYA is available to qualified unmarried dependents of TRICARE-eligible sponsors who are:
 - At least age 21, but not yet age 26
 - Not eligible to enroll in an employer-sponsored health plan
 - Not otherwise eligible for TRICARE coverage
 - Not a uniformed service sponsor (for example, a member of the Selected Reserve)
- For TYA qualification, cost, and enrollment information, go to www.tricare.mil/tya.

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.

Step 1—Qualify (TRICARE Reserve Select and TRICARE Retired Reserve)

- Selected Reserve members may qualify for TRS and Retired Reserve members may qualify for TRR if they are:
 - Not eligible for or enrolled in Federal Employees Health Benefits Program under sponsor's own employment
 - For more information, visit www.tricare.mil.

Step 2—Purchase (TRICARE Reserve Select and TRICARE Retired Reserve)

Purchase TRS or TRR:

- Online at <https://milconnect.dmdc.osd.mil>
- By mailing a completed and signed *Reserve Component Health Coverage Request Form* (DD Form 2896-1) to your regional contractor
 - Include initial premium payment.
- By calling your regional contractor
- In person overseas at a TRICARE Service Center

For continuous coverage, purchase TRS up to 90 days before TAMP ends, but 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.

TRS and TRR: Getting Care

- TRS and TRR coverage follows the rules of TRICARE Select.
- For TRICARE Select, you can see any TRICARE-authorized provider, but you save money when you use network providers.
- With TRS or TRR, no referrals are necessary, but some services require pre-authorization.
- In an emergency, call 911 or go to the closest emergency room.
- To find if space is available at a military hospital or clinic near you, go to www.tricare.mil/mtf.

TRS and TRR Costs

- Monthly premiums (per calendar year beginning Jan. 1):
 - Go to www.tricare.mil/costs.
- Yearly deductible for TRS is based on the sponsor's pay grade and for TRR, based on individual or family coverage.
- Cost-shares and copayments apply for covered services and vary depending on the type of provider (network or non-network).

Note: All ongoing monthly premium payments must be made by either automatic electronic funds transfer or automatic charge to a credit or debit card.

Line of Duty Care (1 of 2)

- Limited to illnesses, injuries, and diseases incurred or aggravated during a period of qualified duty 30 days or less
- Includes injuries sustained while traveling to and from, and staying overnight at, a duty station
- Must have a completed line of duty determination
- In the U.S., care is provided at military hospitals or clinics or coordinated by the Defense Health Agency—Great Lakes, if seeing a civilian provider.
 - **Note:** Overseas, care can be authorized by a military hospital or clinic or the TRICARE Overseas Program contractor.
- LODs are only good for one year. After one year, you'd be put under a medical evaluation board where you either get placed in the Integrated Disability Evaluation System, returned to duty, or medically retired.

Note: TAMP doesn't cover line of duty care.

Line of Duty Care (2 of 2)

- For care needed in the U.S. after orders expire:
 - If a National Guard or Reserve member resides 50 miles or less of a military hospital or clinic, LOD determination requests go to the military hospital or clinic.
 - If a National Guard or Reserve member resides more than 50 miles from a military hospital or clinic, LOD requests go to the DHA-GL.
 - Find instructions and forms at www.health.mil/greatlakes or call 888-647-6676, option 2.

Note: Authorized LOD care is limited to the specific injury, illness or disease that was incurred or aggravated while in a qualified duty status (for example, if your left arm was injured and a LOD determination was approved for that condition, care for a right knee issue isn't authorized under the same LOD).

Continued Health Care Benefit Program

- Similar to COBRA continuation health coverage:
 - 18 to 36 months of temporary, premium-based coverage
 - For information on costs, go to www.tricare.mil/costs.
- CHCBP qualification begins the day after losing eligibility for any TRICARE coverage or when TAMP coverage ends:
 - Must enroll within 60 days of loss of TRICARE/TAMP coverage and pay premiums
- Administered by Humana Military for all regions:
 - Call 800-444-5445 or visit HumanaMilitary.com for more information.

Other Important Information

Priority for Access to Military Hospitals and Clinics

	Priority for Access to Military Hospitals and Clinics
1	ADSMs
2	ADFM's in TRICARE Prime
3	Retired service members, their family members, and all others in TRICARE Prime and TRICARE Plus (primary care)
4	ADFM's 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)

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



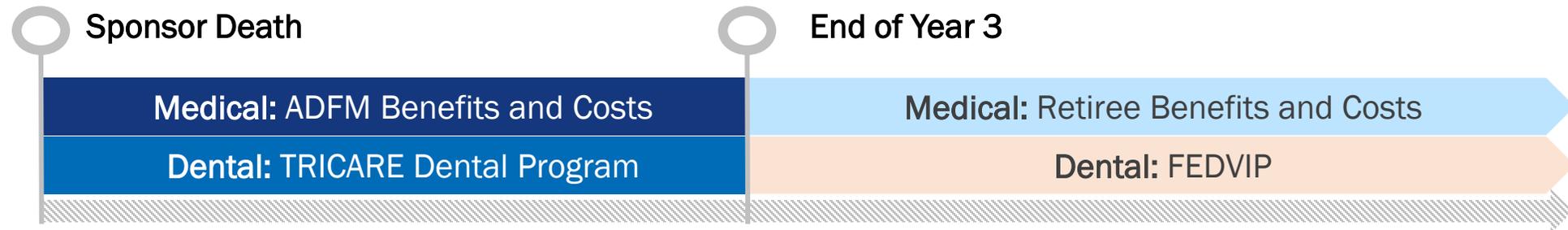
- Pay full price up front and file a claim to get a portion of your money back
- Get up to a 30-day supply

TRICARE Dental Program

- A voluntary, premium-based DOD dental program; the benefit is administered by United Concordia.
- Premiums depend on the sponsor's status.
- For more information, visit www.tricare.mil/tdp.

Survivor Benefits: Activated More Than 30 Days

Surviving Spouses Benefit Timeline



Surviving Children Benefit Timeline



Survivor Benefits: Activated 30 Days or Less

- 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:
 - They have retiree benefits and costs.
 - They're eligible for the TDP Survivor Benefit.

Survivor Benefits: Not Activated

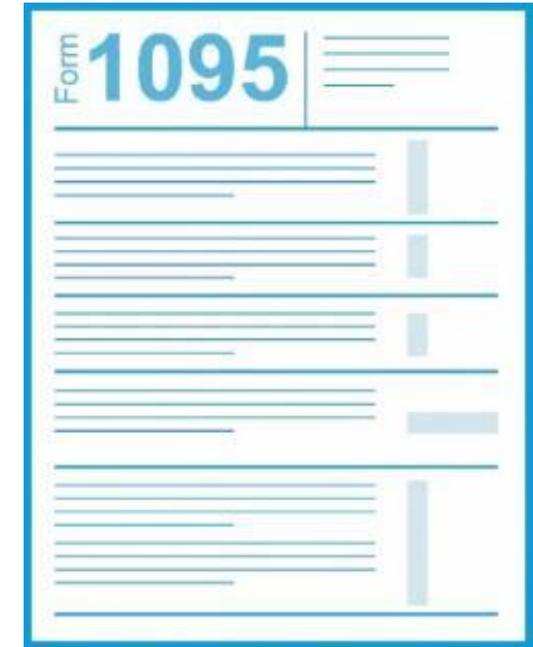
- Family members of non-activated National Guard or Reserve members who had TRS or TAMP coverage at the time of their death have the following options:
 - If TRS coverage was in effect, qualified survivors may purchase or continue coverage under TRS for up to six months from the date of their sponsor's 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.
- Survivors are eligible for the TDP Survivor Benefit throughout the duration of survivor coverage or until losing TRICARE eligibility, whichever comes first.

Survivor Benefits: Retired

- Family members of Retired Reserve members who had TRR at the time of the sponsor's death:
 - Surviving spouses remain qualified for TRR survivor coverage until the day the sponsor would have turned age 60, at which point they may become eligible for premium-free TRICARE Select, or may enroll in TRICARE Prime (if available).
 - Surviving children remain qualified for TRR until their sponsor would have reached age 60 or until aging out or otherwise losing TRICARE coverage, whichever comes first.
 - Survivors may be eligible to purchase dental and vision coverage through the Federal Employees Dental and Vision Insurance Program.

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.



For Information and Assistance

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

Resources

- TRICARE Website: www.tricare.mil



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