

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

Your Options for Coverage After Retirement

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- **ATTENTION PRESENTER:** To ensure that those using TRICARE get the most up-to-date information about their health benefit, go to www.health.mil/tricarebriefings 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 prior to 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/tricarebriefings 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 retirement and their families
- **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*, *TRICARE Plans Overview*, *TRICARE Dental Options Fact Sheet*, and *TRICARE Costs and Fees Fact Sheet*.
- **Briefing Objectives:**
 - Increase awareness of TRICARE benefits for retired National Guard and Reserve members.
 - Educate beneficiaries on coverage options available as they transition throughout retirement.
 - Inform beneficiaries of the necessary steps for accessing the TRICARE benefit.
- **Optional Presenter Comments:** Welcome to the *TRICARE Benefits/Programs for National Guard and Reserve Members during Retirement* briefing. The goal of today's presentation is to explain how to use the TRICARE

benefit after retirement from the National Guard and Reserve.

Today's Agenda

- What Is TRICARE?
- TRICARE Plan Options
 - Under Age 60
 - Ages 60–64
 - Age 65 and Older
- Other Important Information
- For Information and Assistance

2

- Today, we'll discuss what TRICARE is and plan options for National Guard and Reserve members during retirement under age 60, between ages 60 and 64, and age 65 and older.
- We'll also discuss other important information about the Affordable Care Act.
- Finally, we'll provide resources for getting assistance and finding 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 benefit emails about your eligibility and enrollment changes, go to <https://milconnect.dmdc.osd.mil>.

What Is TRICARE?

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

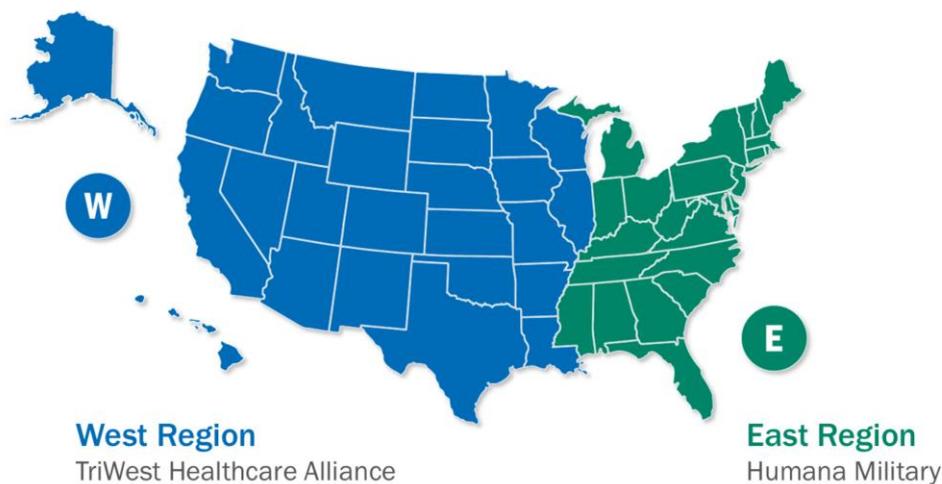
What Is TRICARE?



- 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.

- 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 Stateside Regions



5

- 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



6

- 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.

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.

7

- 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.

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**

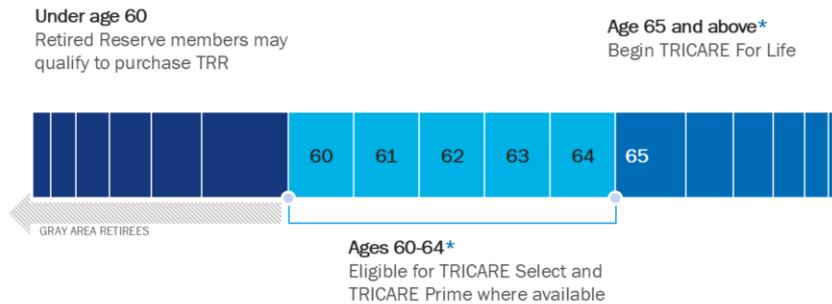
- The groups pay different costs and fees.
 - Group A beneficiaries enrolled in a premium-based plan (TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE Young Adult, or the Continued Health Care Benefit Program) follow Group B deductibles, cost-shares, copayments, and catastrophic caps.

8

- 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 occurs 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 cost-shares, copayments, deductibles, and catastrophic caps.
- 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).
- You can find monthly premium amounts for the premium-based plans at www.tricare.mil/costs.

Retired Reserve Coverage Timeline

National Guard or Reserve Retirement



9

- Retired Reserve members who aren't yet age 60 may qualify to purchase TRICARE Retired Reserve, or TRR, coverage. This includes Retired Reserve members receiving early retired pay (before age 60) who don't become eligible for TRICARE Prime or TRICARE Select as retirees until age 60.
- Retired Reserve members ages 60 through 64 are eligible for TRICARE Select or TRICARE Prime (if in a Prime Service Area, or PSA). They must enroll in either TRICARE Prime or TRICARE Select (enrollment fees may apply) within 90 days of the date the sponsor turned age 60.
 - A PSA is a geographic area where TRICARE Prime is offered. It is typically an area near a military hospital or clinic. Determine if you live in a PSA by checking your ZIP code at www.tricare.mil/psa.
 - Beneficiaries ages 60 through 64 who are eligible for premium-free Medicare Part A—and who also have Medicare Part B—become eligible under TRICARE For Life, or TFL.
- At age 65, beneficiaries who are eligible for Medicare Part A must have Medicare Part B to transition to TFL. Additional information is available at www.tricare.mil/tfl.

Note: If you become Medicare-eligible due to disability, you may transition to TFL as early as age 60.

TRICARE Plan Options

- **Optional Presenter Comment:** We'll now discuss TRICARE plan options for retired National Guard and Reserve beneficiaries under age 60.

Step 1: Qualify

TRICARE Retired Reserve

- Retired Reserve members may qualify for TRR if they are:
 - In the Retired Reserve
 - Under age 60
 - Drawing early retirement pay
 - Not eligible for or enrolled in Federal Employees Health Benefits Program under sponsor's own employment
 - For more information, visit www.tricare.mil.

11

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

Note: Former spouses and remarried surviving spouses don't 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, or QLE.
- 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.

Step 2: Purchase

TRICARE Retired Reserve

Purchase TRS or TRR:

- Online at <https://milconnect.dmdc.osd.mil>
 - Click on the “Benefits” tab, then choose “Beneficiary Web Enrollment” from the menu.
- 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.

12

- 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>. Click on the “Benefits” tab, then choose “Beneficiary Web Enrollment” from the menu.
 - 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
 - Department of Defense, or DoD, Self-Service Logon, or 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:

- 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.

TRICARE Retired Reserve Coverage

- Member-only or member-and-family TRR coverage may be purchased for:
 - Qualified Retired Reserve members
 - Their eligible family members
 - Survivors
- Survivors of TRR members may purchase or continue coverage until the date the deceased sponsor would have reached age 60.
- For more information, go to www.tricare.mil/retiring.

13

- TRR coverage may be purchased for:
 - Qualified Retired Reserve members
 - Their eligible family members
 - Survivors
- Survivors of TRR members may purchase or continue coverage until the date the deceased sponsor would have reached age 60.
- For more information, go to www.tricare.mil/lifeevents and click on “Turning age 60 (Retired Reserve).”

TRICARE Retired Reserve Coverage: Getting Care

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

14

- Out-of-pocket costs are lower when seeing a TRICARE-network provider. A network provider has agreed to accept the contracted rate as payment in full for covered health care services and files claims for you. To find a network provider, visit www.tricare.mil/finddoctor or contact your regional contractor.
- If seeing a non-network provider, ask if they accept TRICARE and are authorized to receive payment by TRICARE **before** receiving care. If not, invite the provider to become TRICARE-authorized at any time. The provider simply needs to contact the TRICARE regional contractor for more information. Beneficiaries who see non-network providers may have to file their own claims.
- If overseas, care may be received from any host nation 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.

TRICARE Retired Reserve Costs

For the most up-to-date cost information, visit www.tricare.mil/costs.

- Monthly premiums (per calendar year):
- Annual deductible
- Copayments and cost-shares apply for covered services and vary depending on the type of provider (network or non-network).
- Catastrophic cap per family per calendar year for covered medical services

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

15

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

Note: All ongoing 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. Do not miss payment due dates. Failure to pay may result in termination of TRR coverage and a 12-month lockout.

- The deductible is the amount you pay out of pocket per year before TRICARE cost-sharing begins.

Note: Since Group B retiree cost-shares apply, TRR members have separate in-network deductible and out-of-network deductibles.

- You're responsible for copayments and cost-shares. These are the amounts you pay for TRICARE covered services, which vary if seeing a network or 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 TRR cap includes deductibles, cost-shares, copayments, and prescription copayments, but it **doesn't** include monthly TRR premiums or costs incurred by seeking care without pre-authorization.
- For the most up-to-date TRR cost information, visit www.tricare.mil/costs.

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 plan 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.

16

- The TYA plan is a premium-based health care 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 plan coverage
 - Not a uniformed service sponsor (for example, a member of the Selected Reserve)
- Note:** TYA enrollees have Group B cost-shares and copayments regardless of when the sponsor joined the military.
- For TYA qualification, cost, and enrollment information, go to www.tricare.mil/tya.

Coverage Options Upon Turning Age 60

- Upon turning age 60 and collecting retirement pay (required to show as eligible in DEERS), TRR members are disenrolled from TRR and may be eligible for other TRICARE plans as retirees, such as:
 - TRICARE Select or TRICARE Prime (if in a PSA), including the US Family Health Plan
 - TFL
- If you want to enroll in TRICARE Prime or TRICARE Select, you must elect to enroll within 90 days of the day you turn 60.
- If eligible for premium-free Medicare Part A at age 60 or older, Retired Reserve members must also have Medicare Part B to be TRICARE-eligible. Before age 65, beneficiaries have the option to use TRICARE Prime or TFL. At age 65, coverage transitions to TFL.

17

- Upon turning age 60 and collecting retirement pay (required to show as eligible in DEERS), TRR members are disenrolled from TRR and may be eligible for other TRICARE plans as retirees, such as:
 - TRICARE Select
 - TRICARE Prime (if in a PSA), including the US Family Health Plan, or USFHP
 - TFL
- If you want to enroll in TRICARE Prime or TRICARE Select, you must elect to enroll within 90 days of the day you turn age 60 or during the annual fall TRICARE Open Season. Learn more about at www.tricare.mil/lifeevents and www.tricare.mil/openseason.
- If eligible for premium-free Medicare Part A at age 60 or older, Retired Reserve members must also have Medicare Part B to be TRICARE-eligible. Before age 65, these beneficiaries have the option to use TRICARE Prime or TFL. At age 65, coverage transitions to TFL.

Note: Retirees with Medicare coverage are not eligible to enroll in TRICARE Select.

Note: If a beneficiary isn't eligible for premium-free Medicare Part A, Medicare Part B isn't needed to keep TRICARE. In this case, the beneficiary won't transition to TFL. If you aren't eligible for premium-free Medicare Part A when you turn 65 under your own Social Security number, or SSN, but your spouse is, or will be in the future, you must file for Medicare Part A under your spouse's SSN if they're 62 or older. Go to www.tricare.mil and review the *TRICARE and Medicare Turning Age 65 Brochure* for more information.

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

18

- 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 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.

TRICARE Select: Getting Care

- Select any network or non-network TRICARE-authorized provider. You'll typically pay higher out-of-pocket costs for non-network providers.
- TRICARE network providers:
 - Accept TRICARE as the full payment for covered services
 - File claims for you
 - Offer copayments instead of cost-shares for most outpatient visits
- May access care at military hospitals and clinics if space is available
- If traveling or moving:
 - Routine care: Get care before traveling.
 - Urgent care: Call your primary care manager or regional contractor for assistance.
 - Emergency care: Call 911 or go to the nearest emergency room.
 - Seasonal moves: Consider transferring enrollment.

19

- Select any network or non-network TRICARE-authorized provider. You'll typically pay higher out-of-pocket costs for non-network providers.
- TRICARE network providers:
 - Accept TRICARE as the full payment for covered services
 - File claims for you
 - Offers copayments instead of cost-shares for most outpatient visits
- Under TRICARE Select, beneficiaries may also seek care at military hospitals and clinics if space is available.

Note: Authorized providers who aren't part of the TRICARE network of civilian providers may charge beneficiaries enrolled in TRICARE Select up to 15% above the TRICARE-allowable charge for services. Beneficiaries are responsible for that additional 15% along with applicable deductible and cost-share amounts. Outside the U.S. and U.S. territories, which include American Samoa, Guam, the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands, there may be **no limit** to the amount that nonparticipating non-network providers can bill. Beneficiaries are responsible for paying any amount that exceeds the TRICARE-allowable charge in addition to the deductibles and cost-shares.

TRICARE Prime

- TRICARE Prime is available to beneficiaries living in Prime Service Areas in the U.S. and areas near military hospitals or clinics overseas.
- Annual enrollment is required.
- Assigned a PCM
- Get PCM referral for civilian specialty care (otherwise, higher costs apply).
- If desired, you must elect to enroll within 90 days of the date the sponsor turns (or would have) turned age 60.
- For more information, go to www.tricare.mil/prime.

20

- 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.
- Annual enrollment is required.
- Beneficiaries are assigned a primary care manager, or PCM.
- To get civilian specialty care, get a referral from your PCM.
- If desired, you must elect to enroll in TRICARE Prime within 90 days of the date the sponsor turns (or would have) turned age 60. Otherwise, you're only eligible for care at military hospitals or clinics if space is available for the rest of the calendar year.
- For more information, go to www.tricare.mil/prime.

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.

21

- 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 plans.
- To learn more about USFHP, go to www.tricare.mil/USFHP.

TRICARE Prime: Getting Care

- Enroll with a:
 - Military hospital or clinic if space is available
 - Civilian TRICARE network provider within a PSA
 - Primary care health care provider in the USFHP, depending on your location and sponsor status
- If traveling or moving:
 - Routine care: Get care before traveling.
 - Urgent care: Call your PCM or regional contractor for assistance.
 - Emergency care: Call 911 or go to the closest emergency room.
 - Seasonal moves: Consider transferring enrollment.

22

- With TRICARE Prime, your PCM handles routine care and referrals. Select a PCM at a military hospital or clinic if space is available. ADSMs and their families have priority at military hospitals and clinics. If space isn't available, select a civilian network provider if living in a PSA. Beneficiaries are also eligible to enroll with a primary care health care provider in the USFHP, which will be discussed later.
- For civilian specialty care, get a PCM referral before seeking care to avoid higher out-of-pocket costs.
- If traveling or moving, coordinate care before leaving. Get routine care before traveling.
- 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 in TOP Prime or TOP Prime Remote must contact the TOP contractor to obtain an authorization 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 TOP Prime or TOP Prime Remote 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.
 - In an emergency, call 911 or go to the nearest emergency room. Referrals aren't required, but, if admitted, your regional contractor must be notified within 24 hours or on the next business day to coordinate ongoing care.
- If you expect to be away for more than 60 days, consider transferring your enrollment to maintain routine care and keep your 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 nonemergency care to avoid POS charges.
- POS deductibles per calendar year: **\$300/individual; \$600/family**
 - TRICARE pays 50% of the TRICARE-allowable charge.

23

- The Point-of-service option, or POS, gives those using TRICARE Prime the freedom, at an additional cost, to get nonemergency health care services from any TRICARE-authorized provider without a referral. When using the POS option, a separate POS deductible must be met before TRICARE will pay anything for your care. POS cost-shares don't count toward the yearly TRICARE catastrophic cap.
- Using the POS option does not require you to disenroll from TRICARE Prime but results in higher out-of-pocket costs.
- When using the POS option, you must see TRICARE-authorized providers and get TRICARE covered services or you'll be responsible for the full cost of your care.
- To avoid POS charges, contact your PCM for a referral when seeking nonemergency care.
- POS deductibles per calendar year are \$300 per individual and \$600 per family. After your deductible is met, TRICARE pays 50% of the TRICARE-allowable charge.
- Outside the U.S. and U.S. territories, there may be no limit to the amount that nonparticipating non-network providers may bill, and you're responsible for paying any amount that exceeds the TRICARE-allowable charge in addition to your deductible, cost-shares, and copayments. You may be reimbursed up to the CHAMPUS Maximum Allowable Charge. For more information, go to www.tricare-overseas.com.

Note: The POS option doesn't apply to ADSMs.

- For more information about the POS option, go to www.tricare.mil/pointofservice.

Enroll in TRICARE Prime or TRICARE Select

- There are four ways to enroll:
 - Online: Enroll at <https://milconnect.dmdc.osd.mil>.
 - By phone: Call your regional contractor.
 - By mail: Download the TRICARE Select or TRICARE Prime form and submit it to your regional contractor. Forms are available at www.tricare.mil/forms.
 - In person (overseas only): Go to an overseas TRICARE Service Center.
- For enrollment fees, premium amounts and copayments, go to www.tricare.mil/costs.

Note: TRICARE Prime Remote coverage options aren't available after retirement.

24

- There are four ways to enroll:
 - **Online:** Enroll online through Beneficiary Web Enrollment. Log in to milConnect and click on the “Manage health benefits” button.
 - **By phone:** Call your regional contractor.
 - **By mail:** Download either the TRICARE Select or TRICARE Prime form and submit it to your regional contractor.
 - **In person:** Go to an overseas TRICARE Service Center.
- For enrollment fees, premium amounts and copayments, go to www.tricare.mil/costs.
- Enrollment forms may be downloaded from www.tricare.mil/forms or from your regional contractor’s website.

Note: TRICARE Prime Remote coverage options aren’t available after retirement.

Coverage Options Upon Becoming Medicare-Eligible

- If you're eligible for Medicare Part A, you must have Medicare Part B to remain eligible for TRICARE.
 - Pay for and enroll in Medicare Part B
- 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 TFL
- Retirees with Medicare coverage aren't eligible to enroll in TRICARE Select.
- For Medicare Part B information, go to:
 - www.ssa.gov
 - www.medicare.gov

25

- An individual may become eligible for Medicare Part A benefits because of age or disability. If you're a member of the Retired Reserve and you or a family member is currently eligible for Medicare Part A:
 - Enroll in Medicare Part B to remain TRICARE-eligible and to avoid a lapse in TRICARE coverage.

Note: If you or a family member qualifies for Social Security disability benefits or is diagnosed with end-stage renal disease and you decline Medicare Part B coverage, you'll lose TRICARE eligibility.

- Medicare-eligible beneficiaries under age 65 who are eligible for Medicare Part A and have Part B:
 - May continue enrollment in TRICARE Prime. In this case, the yearly TRICARE Prime enrollment fee is waived. Retirees with Medicare coverage aren't eligible to enroll in TRICARE Select.
 - May use TFL. We'll discuss TFL on the next slide.
- For more information about Medicare Part B coverage, go to the Social Security Administration website at www.ssa.gov.
- You can find additional Medicare information at www.medicare.gov.

TRICARE For Life

TFL is Medicare-wraparound coverage for TRICARE beneficiaries who are eligible for 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 actions required or enrollment fees.
 - Need to get 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, go to www.tricare.mil/tfl or call 866-773-0404.

26

- TFL is Medicare-wraparound coverage for TRICARE beneficiaries who have Medicare Part A and Medicare Part B, regardless of age or place of residence.
- TFL coverage is automatic and there are no enrollment fees. Medicare doesn't cover care received overseas, so TRICARE becomes the primary payer, and you're responsible for the yearly TRICARE deductible, copayments, and cost-shares. Beneficiaries need to get a new Uniformed Services ID card once they get their Notice of Award or Notice of Disapproved Claim from the Social Security Administration.
- TFL beneficiaries may get care from any Medicare-participating, nonparticipating or opt-out provider, or military hospital or clinic if space is available. While Medicare-nonparticipating providers may bill up to 15% above the Medicare-approved amount, TRICARE covers this additional cost for TRICARE covered services.
 - Department of Veterans Affairs, or VA, providers can't bill Medicare and Medicare can't pay for services received from the VA. If you're eligible for both TFL and VA benefits and elect to use your TFL benefit for non-service-connected care, you'll incur significant out-of-pocket expenses when seeing a VA provider. By law, TRICARE can only pay up to 20% of the TRICARE-allowable amount. If you get care at a VA facility, you may be responsible for the remaining amount. When using your TFL benefit, your least expensive options are to see a Medicare participating or Medicare nonparticipating provider.
- Overseas, beneficiaries may get care from any purchased care sector provider, which is a TRICARE-authorized civilian provider in your overseas area. A referral isn't needed, but pre-authorization is required for certain services. Contact your TOP Regional Call Center for prior authorization. Beneficiaries may also get care at military hospitals and clinics if space is available.
- For more information on TFL, go to www.tricare.mil/tfl or call 866-773-0404.

Other Important Information

27

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

TRICARE and Other Health Insurance

- Other health insurance is considered your primary health insurance.
- After your OHI pays, TRICARE will pay the lesser of:
 - The billed, minus the payment from your OHI
 - The amount TRICARE would have paid without OHI
 - The OHI copayment or deductible
- If you have OHI:
 - Fill out a *TRICARE Other Health Insurance Questionnaire*: www.tricare.mil/forms.
 - Follow the referral and authorization rules for your OHI.
 - Tell your provider about your OHI and TRICARE.
- For services covered by Medicare, OHI, and TFL, TRICARE pays last after Medicare (if applicable) and your OHI.

28

- Other health insurance, or OHI, is any non-TRICARE health benefit you get through an employer or other public or private insurance plan, including government programs such as Medicare.
- If you have OHI, it's your primary insurance, and TRICARE becomes your last payer.
 - This means when you go to your health care provider, the health care provider files a claim with your OHI first, and TRICARE pays what is left, up to the TRICARE-allowable charge.

Note: This doesn't apply to Medicaid and certain other state programs.

- If your other health insurance runs out, or for services covered by TRICARE that aren't covered by your OHI, TRICARE becomes your primary payer.

Note: Unlike OHI, supplemental insurance pays after TRICARE pays its portion of the bill, reimbursing you for out-of-pocket medical expenses paid to civilian providers based on the plan's policies.

- If you have OHI:
 - Fill out a *TRICARE Other Health Insurance Questionnaire* and follow the guidelines for submission. You can download your regional contractor's questionnaire from www.tricare.mil/forms.
 - Because your OHI pays first, you must follow your other health insurance's rules for getting care.
 - Make sure your provider knows you have other health insurance and TRICARE. Keeping your regional contractor and health care providers informed about your OHI will allow them to better coordinate your benefits.
- TRICARE referrals and pre-authorizations aren't generally required, with some exceptions.
 - Go to your regional contractor's website or contact them about pre-authorization requirements.
- You must also report if you no longer have OHI.

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)

29

- 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.
- ADFM's 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.

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

30

- 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. USFHP 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.

Pharmacy Benefits with Other Health Insurance

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

31

- You must always file claims with your other health insurance first. Your OHI is the primary payer, and TRICARE is the last payer.
 - If prescription drugs are covered by your OHI, use that benefit first, then submit a claim to TRICARE for reimbursement.
- You may use TRICARE Pharmacy Home Delivery or TRICARE retail network pharmacies only if:
 - Your prescription isn’t covered by your OHI, or
 - You’ve reached your OHI’s benefit cap
- Even if your OHI provides prescription coverage, you may still fill prescriptions at military pharmacies. Be sure your military hospital or clinic knows you have OHI.
- Some TRICARE retail network pharmacies may coordinate claims with your other health insurance. Check with your pharmacy to see if it offers this additional service.

Voluntary Dental Coverage

- The U.S. Office of Personnel Management offers eligible TRICARE beneficiaries the option to enroll in a Federal Employees Dental and Vision Insurance Program dental plan.
 - FEDVIP offers a range of plans from a number of dental carriers.
 - FEDVIP dental coverage 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 dental plans and enrollment information, visit www.benefeds.gov.

32

- The U.S. Office of Personnel Management offers eligible TRICARE beneficiaries the option to enroll in a Federal Employees Dental and Vision Insurance Program dental plan.
- FEDVIP offers a range of plans from a number of dental carriers.
- 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 eligibility, carrier, and enrollment information, visit www.benefeds.gov.

Voluntary Vision Coverage

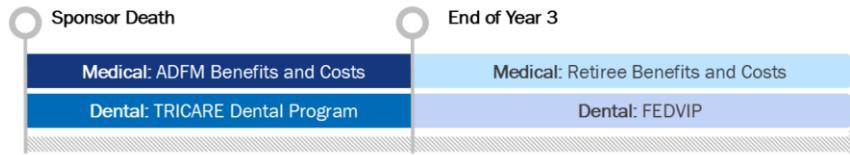
- Retirees, their eligible family members, and active duty family members enrolled in a TRICARE health plan may qualify to purchase vision coverage through FEDVIP.
- Eligible beneficiaries include those enrolled in or using:
 - TRICARE Prime, including USFHP
 - TRICARE Select
 - TRS
 - TRR
 - TFL
- FEDVIP vision coverage is available to:
 - Active duty family members
 - Retired service members and their eligible family members
 - National Guard and Reserve members and their eligible family members
- Visit www.benefeds.gov for vision plan eligibility, carrier, and enrollment information.

33

- 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
 - TRICARE Reserve Select
 - TRICARE Retired Reserve
 - TRICARE For Life
- Visit www.benefeds.gov for vision-coverage eligibility, carrier, and enrollment information.

Survivor Benefits: Activated More Than 30 Days

Surviving Spouses Benefit Timeline



Surviving Children Benefit Timeline



34

- TRICARE continues to provide benefits to eligible family members following the death of their sponsor as long as information in DEERS is current. 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.

- If a National Guard or Reserve member dies while serving on federal active duty orders for more than 30 consecutive days, family members remain eligible for TRICARE as transitional survivors for the first three years from the date of the sponsor's death.
 - Transitional survivors have the same benefits, program options, and costs as ADFMs.
 - They're eligible for active duty-specific programs, such as the Extended Care Health Option.
 - They're also eligible for the TRICARE Dental Program 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 an annual 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 annual 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're eligible for dental coverage through 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 survivor (retiree), not transitional survivor ADFM cost-shares or copayments.

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.
- If a National Guard or Reserve member dies while on early TRICARE eligibility, eligible family members are:
 - Authorized transitional survivor benefits like that of active duty

35

- 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.
- If a National Guard or Reserve member dies while on early TRICARE eligibility, eligible family members are:
 - Authorized transitional survivor benefits like that of active duty

Note: The FEHB Program exclusion doesn't apply.

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.

36

- 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.

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 to enroll in TRICARE Select or 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.
 - Adult children remain eligible to enroll in TRICARE Young Adult coverage until no longer eligible or qualified.
- Survivors may be eligible to purchase dental and vision coverage through FEDVIP.

37

- 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 may enroll in TRICARE Select or TRICARE Prime (if available).
 - 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. Adult children remain eligible to enroll in TYA coverage until no longer eligible or qualified.

Note: The FEHB exclusion doesn't apply.

- Survivors may be eligible to purchase dental and vision coverage through FEDVIP. For more information, go to www.benefeds.gov.

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.



38

- 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.

For Information and Assistance

39

- **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

TRICARE For Life

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

40

- This slide shows contact information for stateside and overseas regional contractors. Remember, your contractor point of contact is based on where you live.
- For those with TFL, your contractor point of contact is determined by where you received care.
 - Within the U.S. and U.S. territories, contact WPS/TFL Overseas.
 - Overseas (outside U.S. territories), contact International SOS.

Resources

- TRICARE Website: www.tricare.mil



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

- Lastly, here are a few important information resources.