



TRICARE[®]

Your Military Health Plan

TRICARE Benefits/Programs for the National Guard and Reserve During Deactivation



Updated January 2012

Today's Agenda

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



Photo courtesy of The National Guard



What Is TRICARE?

TRICARE is...

- ... the **health care program** for active duty service members, National Guard and Reserve members, retirees, family members, survivors, and certain former spouses worldwide.
- ... a **network of military and civilian health care professionals** working together to foster, protect, sustain, and restore health for those entrusted to their care.



Take Action! Register Your Family in DEERS

Registration in DEERS is key to TRICARE eligibility

Register your family members in the Defense Enrollment Eligibility Reporting System (DEERS)

- In person at a uniformed services identification (ID) card-issuing facility: www.dmdc.osd.mil/rsi/owa/home
- By sending changes and required documentation to:

Defense Manpower Data Center Support Office (DMDC)
400 Gigling Road
Seaside, CA 93955-6771



TRICARE Eligibility

Take Action! Register Your Family in DEERS

- Proper documentation is required
- To verify eligibility
 - Go to www.mydodbenefits.dmdc.mil
 - Local MTF's Patient Admin Office
 - Contact your Service's personnel office



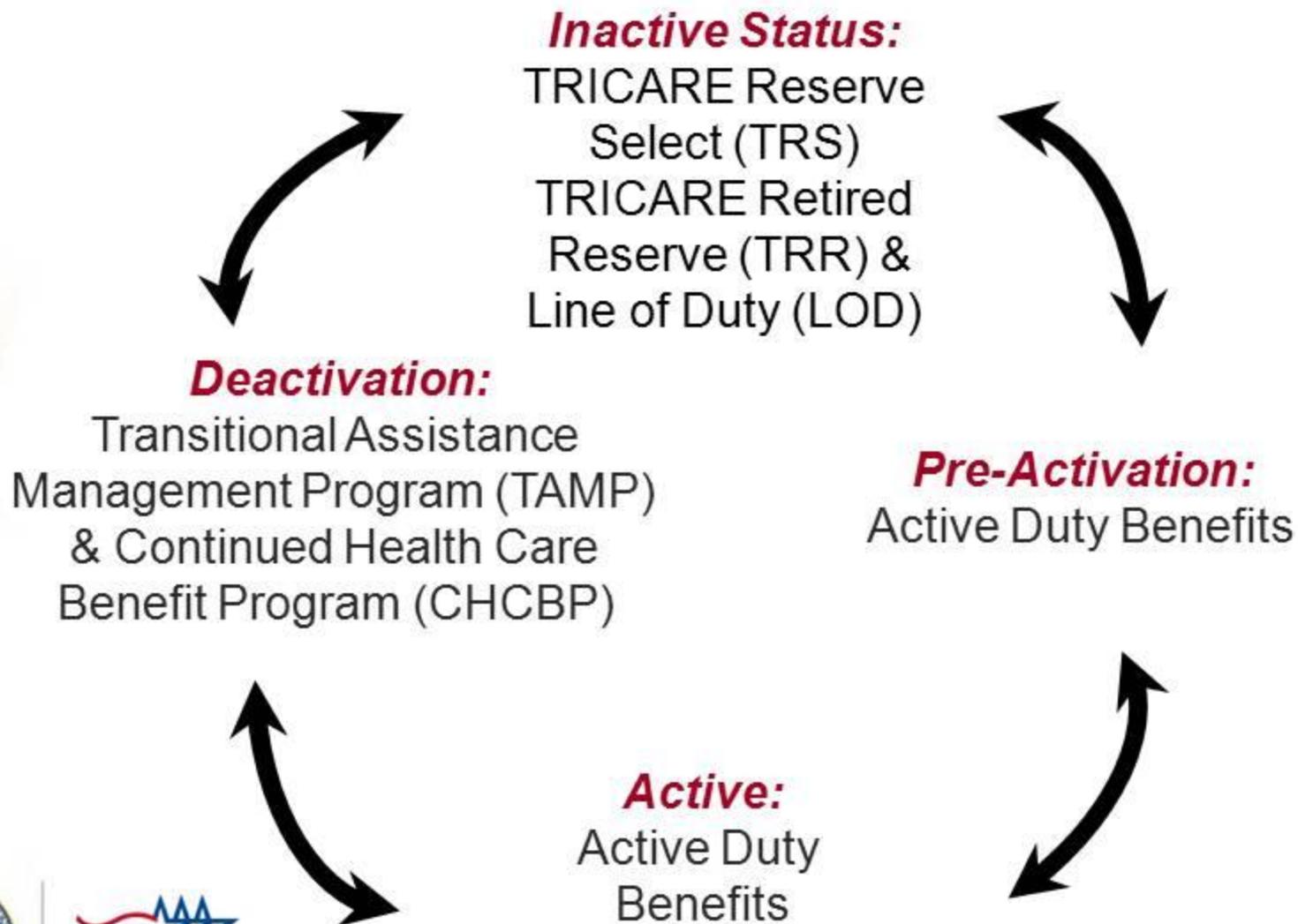
TRICARE Eligibility

Updating DEERS

- Keep your contact information up to date:
 - Online: www.dmdc.osd.mil/appj/address/
 - By Phone: 1-800-538-9552
 - By Fax: 1-831-655-8317
 - Visit an ID card-issuing facility: www.dmdc.osd.mil/rsl/owa/home
- More information: www.tricare.mil/DEERS
- Remember to register/update DEERS whenever there is a change in the family (marriage, birth, adoption, divorce, death, etc.) or when you move



TRICARE Eligibility Coverage Life Cycle



Medical Coverage

Transitional Assistance Management Program (TAMP)



Photo courtesy of Flickr user Herald Post

- Guard/Reserve active duty served more than 30 consecutive days in support of a contingency operation
- 180 days of transitional health care benefits
- Begins the day after you separate from active duty
- All beneficiaries covered as active duty family members; including the service member
- Reenrollment necessary for TRICARE Prime (where locally available)

Note: TAMP does not cover Line of Duty (LOD) care.



Medical Coverage

TAMP: Program Options

- TRICARE Standard: Available worldwide
- TRICARE Extra: Available in the U.S.
- TRICARE Prime: Available in Prime Service Areas (PSAs)
- US Family Health Plan (USFHP): Available in six designated areas in the United States
- Overseas information:
www.tricare.mil/overseas



Medical Coverage

TRICARE Standard and TRICARE Extra: Getting Care

- No referrals necessary
 - Certain services require prior authorization
 - In the event of an emergency, call 911 or go to the nearest hospital
- Locate a MTF for space-available care
 - MTF locator: www.tricare.mil/mtf
- For TRICARE Extra, locate a TRICARE Network provider
 - Contact the TRICARE regional contractor, check their website, visit a TRICARE Service Center (TSC)



Medical Coverage

TRICARE Standard and TRICARE Extra: Getting Care

- For TRICARE Standard, locate a non-network TRICARE-authorized provider
 - Check your phone book or www.tricare.mil/findaprovider
 - Ask provider's office, "Do you accept TRICARE?"
 - If not, invite the provider to become TRICARE authorized
 - Give your provider the phone number of your regional contractor or send them to www.tricare.mil/providers/BecomeANonNetworkProvider.aspx



TRICARE Standard and TRICARE Extra: Costs

- Annual deductible based on sponsor's pay grade
 - E4 and below: \$50 per individual or \$100 per family
 - E5 and above: \$150 per individual or \$300 per family
- Cost shares/copayments for sponsor **and** covered family members same as those for active duty family members
 - Outpatient: 15% for network and 20% for non-network
 - Inpatient: daily rate (adjusted annually) with a \$25 minimum
- Catastrophic cap: \$1000/family for covered medical service
- For the most up-to-date cost information, visit www.tricare.mil/costs



Medical Coverage

TRICARE Young Adult (TYA) program

The TYA program is a premium-based health care plan available for purchase by qualified dependents. TYA provides TRICARE Standard coverage for qualified dependents who have not yet reached age 26.

- TYA coverage includes medical and pharmacy, but excludes dental.
- The *TRICARE Young Adult Application* is available at www.tricare.mil/tya.



Medical Coverage

TRICARE Prime: Enrollment

- Enroll via the Beneficiary Web Enrollment (BWE) site at <https://www.dmdc.osd.mil/appj/bwe/>
- Fill out the *TRICARE Prime Enrollment Application and PCM Change Form* (DD Form 2876): www.tricare.mil/forms

Note: Family members enrolled in TRICARE Prime during sponsor's activation period **need to re-enroll** when sponsor comes off active duty status

Beneficiary Web Enrollment

Home Log On

Welcome to TRICARE's Beneficiary Web Enrollment

AGENCY DISCLOSURE NOTICE

The public reporting burden for the collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0720-0000). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 552a, 10 U.S.C. 1079 and 1005, 50 FR 45310, 01 FR 30460, May 15, 2000.

PRINCIPAL PURPOSE(S): To evaluate eligibility for medical care provided by civilian sources to Military Health Service System beneficiaries enrolled for coverage under the TRICARE Program (33 LHM 100.1/).

TRICARE PRIME ENROLLMENT APPLICATION AND PCM CHANGE FORM <i>(Please read Agency Disclosure Notice, Privacy Act Statement, and Instructions before completing this form.)</i>	OMB No. 0720-0000 OMB Approval Expires Feb 28, 2010
AGENCY DISCLOSURE NOTICE	
The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0720-0000). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.	



Medical Coverage

TRICARE Prime: Getting Care

- Affordable and comprehensive health care coverage
- Primary care manager (PCM) delivers most routine care



Medical Coverage

TRICARE Prime: Getting Care

- PCM coordinates urgent and specialty care (*referrals required*)
- For emergencies, call 911 or go to the nearest emergency room



Medical Coverage

TRICARE Prime: Costs for ADSMs and ADFMs

- No enrollment fees, deductibles, or cost-shares
- Pharmacy copayments apply when using civilian pharmacies
- Point-of-service (POS) option available
- Catastrophic cap: \$1,000/family for **covered** medical services



Medical Coverage

US Family Health Plan (USFHP)

- TRICARE Prime option
- Available in six service areas across the country
- Service member/sponsor can enroll
- USFHP participants are not eligible for health care or pharmacy services at MTFs
- More information: www.usfhp.com



Behavioral Health Care Services

- **Emergency services:** Required when an individual considers himself or herself, or is perceived by others to be, an immediate risk to self or others
 - Call **911** or go to the nearest emergency care facility
 - Call the **National Suicide Prevention Lifeline** at 1-800-273-8255
- **When covered by TRICARE** (activation cycle or TRICARE Reserve Select)
 - **Telemental Health Program:** Connects beneficiaries with off-site providers through audio-visual conferencing
 - **Outpatient services:** Behavioral health services provided without an overnight stay



Behavioral Health Care Services

- **Inpatient services:** Require an overnight stay
(*e.g., substance abuse “rehab” programs*)
- **TRICARE Assistance Program (TRIAP):** (active duty benefit)
 - Provides online, non-medical counseling from your home
- For more information, visit www.tricare.mil/mentalhealth



Medical Coverage

TRICARE Reserve Select (TRS): Step 1 – Qualify

- Selected Reserve Member may qualify if:
 - Not eligible for, or enrolled in, Federal Employees Health Benefits (FEHB) program
 - For more information, visit www.tricare.mil/trs
- Log onto the “Reserve Component Purchased TRICARE Application”
 1. Follow the instructions to qualify
 2. If qualified, print-out and sign the completed DD Form 2896-1, *Reserve Component Health Coverage Request* form

The screenshot shows the DMDC Reserve Component Purchased TRICARE Application (RCPTA) web page. At the top, it says "DMDC" and "Information and Technology for Better Decision Making". The main heading is "DMDC Reserve Component Purchased TRICARE Application (RCPTA)". Below that, it says "Welcome to RCPTA!". The text explains that RCPTA is a premium-based health plan for qualified members and their families. There is a section titled "Please select an authentication type and click on the Continue button" with two radio button options: "RC Member (CAC, DFAS Account, DS Logon)" and "Verifying Officer". A "Continue" button is located below the options.

If you have any questions regarding your TRICARE Reserve Select eligibility, please contact your Reserve Representative at <http://ra.defense.gov>



Medical Coverage

TRICARE Reserve Select: Step 2 – Purchase

- Mail
 1. Signed and completed request form (DD Form 2896-1)
 2. To TRICARE contractor address on form
 3. Make initial premium payment as indicated on form

Note: For continuous TRICARE coverage, National Guard and Reserve members can purchase TRS up to 60 days before TAMP ends, but no later than 30 days after TAMP ends



Photo courtesy of the National Guard



TRICARE Reserve Select: Getting Care

- No referrals necessary
 - Certain services require prior authorization
 - In the event of an emergency, call 911 or go to the nearest hospital
- Locate a MTF for space-available care
 - MTF locator: www.tricare.mil/mtf
- For TRICARE Extra, locate a TRICARE network provider
 - Contact the TRICARE regional contractor, check their website, visit a TRICARE Service Center (TSC)



TRICARE Reserve Select: Getting Care

- For TRICARE Standard, locate a non-network TRICARE-authorized provider
 - Check your phone book or www.tricare.mil/findaprovider
 - Ask provider's office, "Do you accept TRICARE?"
 - If not, invite the provider to become TRICARE authorized
 - Give your provider the phone number of your regional contractor or send them to www.tricare.mil/providers/BecomeANonNetworkProvider.aspx



Medical Coverage

TRS: Costs

- Monthly premiums (*calendar year 2012*)
 - \$ 54.35 Member-only coverage
 - \$192.89 Member-and-family coverage
- Annual deductible based on sponsor's pay grade:
 - E4 and below: \$50 per individual or \$100 per family
 - E5 and above: \$150 per individual or \$300 per family



Medical Coverage

TRS: Costs

- Cost shares/copayments for sponsor **and** covered family members same as those for active duty family members
 - Outpatient: 15% for network and 20% for non-network
 - Inpatient: daily rate (adjusted annually) with a \$25 minimum
- Catastrophic cap: \$1000/family for covered medical services
- For the most up-to-date cost information, visit www.tricare.mil/costs



Medical Coverage

TRICARE Retired Reserve (TRR): Step 1 – Qualify

- Retired Reserve Member may qualify if:
 - Not eligible for, or enrolled in, Federal Employees Health Benefits (FEHB) program
 - For more information, visit www.tricare.mil/trr
- Log onto the “*Reserve Component Purchased TRICARE Application*”
 1. Follow the instructions to qualify
 2. If qualified, print-out and sign the completed DD Form 2896-1, *Reserve Component Health Coverage Request* form

DMDC Information and Technology for Better Decision Making

DMDC Reserve Component Purchased TRICARE Application (RCPTA)

Welcome to RCPTA!

DMDC Reserve Component Purchased TRICARE Application (RCPTA) is a premium-based health plan for qualified members and their families.

Please select an authentication type and click on the Continue button

- RC Member (CAC, DFAS Account, DS Logon)
- Verifying Officer

Continue

If you have any questions regarding your TRICARE Reserve Select eligibility, please contact your Reserve Representative at <http://ra.defense.gov>



TRICARE Retired Reserve: Step 2 – Purchase

- Mail
 1. Signed request form (DD Form 2896-1)
 2. To TRICARE contractor address on form
 3. Enclose initial premium payment amount indicated on form



Medical Coverage

TRICARE Retired Reserve: Getting Care

- No referrals necessary
 - Certain services require prior authorization
 - In the event of an emergency, call 911 or go to the nearest hospital
- Locate a MTF for space-available care
 - MTF locator: www.tricare.mil/mtf
- For TRICARE Extra, locate a TRICARE Network provider
 - Contact the TRICARE regional contractor, check their website, visit a TRICARE Service Center (TSC)



TRICARE Retired Reserve: Getting Care

- For TRICARE Standard, locate a non-network TRICARE-authorized provider
 - Check your phone book or www.tricare.mil/findaprovider
 - Ask provider's office, "Do you accept TRICARE?"
 - If not, invite the provider to become TRICARE authorized
 - Give your provider the phone number of your regional contractor or send them to www.tricare.mil/providers/BecomeANonNetworkProvider.aspx



Medical Coverage

TRR: Costs

- Monthly premiums (*calendar year 2012*)
 - \$ 419.72 Member-only coverage
 - \$1,024.43 Member-and-family coverage
- Annual deductible \$150 per individual or \$300 per family
- Cost shares/copayments for sponsor **and** covered family members
 - Outpatient: 20% for network and 25% for non-network
 - Inpatient: daily rate (adjusted annually) with a \$25 minimum
- Catastrophic cap: \$3,000/family per fiscal year for covered medical services
- For the most up-to-date cost information, visit www.tricare.mil/costs



Medical Coverage

Line of Duty Care



Photo courtesy of the U.S. Army

- Limited to illnesses, injuries, and diseases incurred or aggravated in the line of duty
- Includes injuries sustained while traveling to and from your duty station
- Must have a Line of Duty determination (LOD)
- Care provided at military hospitals or clinics or coordinated by the Military Medical Support Office (MMSO)

Note: TAMP does not cover Line of Duty (LOD) care.



Medical Coverage

Continued Health Care Benefit Program (CHCBP)

- Similar to COBRA continuation health coverage
 - 18 to 36 months of temporary, premium-based coverage
 - \$1,065/quarter for individual coverage
 - \$2,390/quarter for family coverage
- CHCBP eligibility begins the day after you lose active-duty TRICARE coverage or TAMP coverage ends
 - Must enroll within 60 days of loss of military benefits and pay quarterly premiums
- Administered by Humana Military Healthcare Services for all regions
 - 1-800-444-5445
 - www.humana-military.com



Other Important Information

Priority for Access to Military Treatment Facility Care

1	Active duty service members, including National Guard and Reserve members on active duty status
2	Active duty family members enrolled in a TRICARE Prime option
3	Retired service members, their dependents, and all others enrolled in a TRICARE Prime option
4	Active duty family members not enrolled in a TRICARE Prime option, and TRICARE Reserve Select beneficiaries
5	Retired service members and their dependents not enrolled in a TRICARE Prime option, TRICARE Retired Reserve beneficiaries, and all other eligible beneficiaries not enrolled in a TRICARE Prime option



Other Important Information

TRICARE Pharmacy Program

Pharmacy Option	Formulary Drugs		Non-Formulary Drugs
	Generic	Brand Name	
MTF Pharmacy <i>(up to a 90-day supply)</i>	\$0	\$0	Not Applicable
TRICARE Pharmacy Home Delivery <i>(up to a 90-day supply)</i>	\$0	\$9	\$25
Retail Network Pharmacy <i>(up to a 30-day supply)</i>	\$5	\$12	\$25
Non-Network Retail Pharmacy <i>(up to a 30-day supply)</i>	TRICARE Prime options: 50% copayment applies after point-of-service (POS) deductible is met All other beneficiaries: \$12 or 20% of the total cost, whichever is greater, after the annual deductible is met		TRICARE Prime options: 50% copayment applies after POS deductible is met All other beneficiaries: \$25 or 20% of the total cost, whichever is greater, after the annual deductible is met

Express Scripts, Inc. Web site: www.express-scripts.com/TRICARE

Phone number: 1-877-363-1303



Other Important Information

TRICARE Dental Program (TDP)

- Voluntary, premium-based program
- Premiums depend on sponsor's status

Service	Sponsor	One Family Member	More Than One Family Member	Sponsor and Family
Active Duty	N/A	\$12.69	\$31.72	N/A
National Guard and Reserve	\$12.69	\$31.72	\$79.29	\$91.98
Individual Ready Reserve	\$31.72	\$31.72	\$79.29	\$111.01

TDP website: www.TRICAREdentalprogram.com



Other Important Information

TRICARE and Other Health Insurance

- TRICARE serves as the secondary payer.
- If you have other health insurance (OHI):
 - Fill out a *TRICARE Other Health Insurance Questionnaire* (www.tricare.mil/mybenefit/Forms.do)
 - Follow the referral and authorization rules for your OHI
 - Tell your provider about your OHI and TRICARE
 - Show him or her your insurance card



Social Security Numbers

- In an effort to protect the privacy of TRICARE beneficiaries, the Department of Defense (DoD) is removing Social Security numbers (SSNs) from military identification (ID) cards, including the Common Access Card.
- Your new ID card will have one or both of the following:
 - A 10-digit DoD ID Number
 - A DoD Benefits Number (DBN), if you are eligible for DoD benefits
- You will not need a new ID card until your old card expires.
- For more information, visit www.tricare.mil/ssn



Other Important Information

Protecting Your Health Care Rights

- Department of Defense (DoD), Uniformed Services Employment and Reemployment Rights Act (USERRA)
- Health care rights and protections include:
 - Continuing existing employer-based health plan
 - Reinstatement to employer's health plan
- DoD/National Committee for Employer Support of the Guard and Reserve (NCESGR):
 - 1-800-336-4590 or www.esgr.org/userra



For Information and Assistance

Stateside Regional Contractors

TRICARE North Region

Health Net Federal Services, LLC
1-877-TRICARE (1-877-874-2273)

www.hnfs.com

TRICARE South Region

Humana Military Healthcare Services, Inc.
1-800-444-5445

www.humana-military.com

TRICARE West Region

TriWest Healthcare Alliance
1-888-TRIWEST (1-888-874-9378)

www.triwest.com

General Contact Information

TRICARE Web site: www.tricare.mil

Contacts: www.tricare.mil/contacts

Military Medical Support Office:

www.tricare.mil/tma/mmso

Overseas Regional Contractor

International SOS Assistance, Inc.

Eurasia-Africa:

+44-20-8762-8384 (*overseas*)
1-877-678-1207 (*stateside*)

Latin America and Canada:

+1-215-942-8393 (*overseas*)
1-877-451-8659 (*stateside*)

Pacific:

Singapore: +65-6339-2676 (*overseas*)
1-877-678-1208 (*stateside*)

Sydney: +61-2-9273-2710 (*overseas*)
1-877-678-1209 (*stateside*)

www.tricare-overseas.com

Connect with TRICARE Online!



www.tricare.mil/mediacenter

